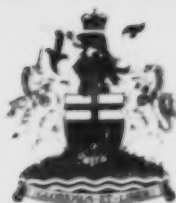


Manitoba Health

**Annual Report
2003-2004**

Manitoba 



MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour, The Honourable John Harvard
Lieutenant-Governor
Province of Manitoba

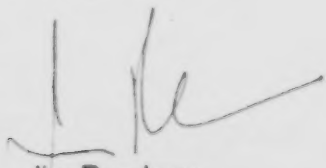
May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2003/04. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,


Dave Cherniak
Minister of Health




Jim Rondeau
Minister of Healthy Living



Manitoba



Deputy Minister
of Health
of Healthy Living

Winnipeg, Manitoba R3C 0V8
CANADA

The Honourable Dave Chomiak
Minister of Health

The Honourable Jim Rondeau
Minister of Healthy Living

Dear Ministers:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2003/04.

Manitoba Health continues to believe that sustaining our universal, comprehensive, accessible and appropriately funded and administered health care system is of paramount importance. Manitoba Health's commitment to improving the health status of all Manitobans remains strong, and in 2003/04, we took steps to further this commitment.

Major achievements of the Department for the fiscal year 2003/04 include:

- ♦ **Wait Time Reduction:** Manitoba Health launched a Wait Time web site (only one piece of Manitoba's effort to reduce wait times) with information to help patients and doctors determine which hospital can provide diagnostic testing in the shortest period of time. Manitoba Health also expanded day surgery and out-patient diagnostics to free up hospital beds; made significant investment in diagnostic imaging and medical equipment for all regions; and, invested in improved training, recruitment and retention of nurses, doctors, technologists and other health care professionals.
- ♦ **Nursing vacancies:** Continued implementation of the seven-point nursing strategy, including improved training, recruitment and retention of nurses as well as a 25% vacancy reduction overall. The largest nursing class ever in the history of Manitoba graduated in 2003.
- ♦ **Ten foreign-trained physicians started practicing in rural Manitoba in January 2004** and 21 foreign-trained physicians have participated in the Medical Licensure Program for International Medical Graduates (MLPIMG) since its inception in 2001.
- ♦ **Significant improvement to emergency services** occurred with the addition of twenty ambulances as part of a seven year, \$15 million initiative to bulk purchase 160 new ambulances. Furthermore, Health Links was expanded to provide improved information services and quick access to care for Manitobans.

- ♦ **Public Health** was strengthened with responses to emerging infectious diseases, a tobacco control strategy, partnerships to develop initiatives for chronic disease prevention and enhancement of vaccine programs.
- ♦ Further, the **promotion of healthy living and appointment of the Minister of Healthy Living**, emphasized the goals of promotion and maintenance of good health. Early achievements focused on legislation supporting non-smoking in public facilities, an Injury Prevention Conference, community consultation for the development of an Aboriginal AIDS Strategy and the development of a Healthy Living web site.
- ♦ **Reform of the primary health care system continued with seventeen new projects worth about \$20 million** in the second phase of the Primary Health Care Transition Fund. These include the creation of the Advanced Practice Nurse Program in three off-reserve Aboriginal communities and new community access centres.
- ♦ **The implementation of the Romanow Joint Working Group occurred in 2003** to develop recommendations to Federal and Provincial Ministers and Manitoba Grand Chiefs on better health outcomes for Manitoba First Nations.
- ♦ **Completion of a major departmental restructuring** to shift the emphasis from a service provider role to a leadership role.
- ♦ **New investments to improve cardiac care**, including \$5 million to increase cardiac surgery volumes to 1,300 per year, and investment in new equipment to support the consolidation of the cardiac surgery program at the St. Boniface General Hospital.
- ♦ **211 drugs were added to the Pharmacare benefit list** in 2003/04 and an interactive Pharmacare Deductible Calculator was added to the web site.
- ♦ **Support for health research** through \$3 million funding to CancerCare Manitoba, University of Manitoba, St. Boniface General Hospital Research Centre, Health Sciences Centre Research Department and the Manitoba Institute of Child Health.

I would like to commend Manitoba Health staff, Regional Health Authorities and health care partners, whose dedication have made our achievements in 2003/04 possible. With our focus on the future, we are working to ensure that Manitobans continue to receive safe, timely, quality health care they need and value.

Respectfully submitted,

Milton Sussman

Milton Sussman

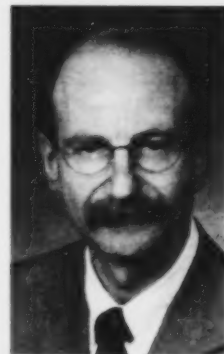


Table of Contents

TITLE	PAGE
Minister's Letter	1
Deputy Minister's Letter	3
Table of Contents	5
Preface/Introduction	
Report Structure	8
Role and Mission	8
Report Context	8
Organization Chart as at March 31, 2004	10
Administration and Finance	
Minister's Salary	11
Executive Support	11
Finance	12
Central Services	14
Health Accountability, Policy and Planning	
Administration	17
Information Systems	18
Health Information Management	19
Policy and Planning	21
Accountability, Monitoring and Evaluation	25
Manitoba Centre for Health Policy	28
Health Workforce	
Insured Benefit Services	28
Health Labour Relations	32
Workforce Policy and Planning	34

Table of Contents

TITLE	PAGE
Regional Programs and Services	
Administration	36
French Language Services	36
Capital Planning	38
Urban Regional Support	42
Northern and Rural Support	42
Regionalization and Health Planning	44
Disaster Management	45
Primary Health Care	46
Emergency Health and Ambulance Services	48
Provincial Health Programs	
Administration	49
Provincial Drug Programs	49
Chief Provincial Psychiatrist	51
Aboriginal Health	52
Public Health and Epidemiology	54
Cadham Provincial Laboratory Services	61
Office of the Chief Medical Officer of Health	62
Selkirk Mental Health Centre	64
Provincial Nursing Stations	66
Health Services Insurance Fund	
Funding to Health Authorities	67
Provincial Health Services	69
Medical Program	71
Pharmacare Program	72
Addictions Foundation of Manitoba	73
Capital Funding	
Principal Repayments	73
Equipment Purchases and Replacements	74
Other Capital	74
Amortization and Other Costs related to Capital Assets	75

Table of Contents

TITLE	PAGE
Financial Report Summary Information Part 1	
Manitoba Health	
Reconciliation Statement	77
Expenditure Summary	78
Variance Explanation	87
Revenue Summary by Source	89
Five Year Expenditure and Staffing Summary by Appropriation	90
Five Year Expenditure Summary - Health Services Insurance Plan	91
Regional Health Authorities and Other Facilities:	
Net Manitoba Health Payments - 2002/03 and 2003/04	92
Financial Report Summary Information Part 2	
Health Services Insurance Plan	
Reconciliation Statement	97
Auditor's Report	98
Management Report	99
Balance Sheet	100
Statement of Revenue and Expenditure, and Net Assets	101
Notes to the Financial Statements March 31, 2004	102
Auditor's Report - Schedule of Public Sector Compensation Disclosure	107
The Public Sector Compensation Disclosure Act - Schedule of Payments	108
APPENDIX I - Summary of Statutes Responsibility - Minister of Health	122
- Statutes related to Healthy Living	124
APPENDIX II - Legislative Amendments in 2003-2004	125
APPENDIX III - Sustainable Development and Progress to date	126

Preface/Introduction

Report Structure

This annual Report is organized in accordance with the Department of Health appropriation structure, as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2004. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan; included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Role and Mission

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and the Minister responsible for Healthy Living. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated Vision of Manitoba Health is "Healthy Manitobans through a balance of prevention and care". Manitoba Health leads the way to quality health care, built with creativity, compassion, confidence, trust and respect.

It is the Mission of Manitoba Health to lead a (publicly administered) health system that meets the needs of Manitobans and to promote their health and well-being. This Mission is accomplished through a structure of comprehensive functions, encompassing strategic direction, legislation, policy, guidelines, strategy and program development, funding and fiscal accountability, direct delivery of specialized, provincial programs, aimed at the provision of appropriate, effective and efficient health and health care services. Most services are delivered through Regional Health Authorities, hospitals and other health care organizations. The Department also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is also the role of Manitoba Health to foster innovation in the health system. This is accomplished through: developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness; fostering behaviours and environments, which promote health; and promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

Report Context

Manitobans rank health and health care as a top priority for Government. The public demand for new and expanded services remains high. A key strategic challenge for Manitoba Health is to accommodate public perceptions, government commitments, and public and provider demands to achieve additional efficiencies while maintaining necessary quality services and making appropriate structural changes.

Manitoba Health administers the most complex and publicly visible social program provided by Government. The program is delivered partially by the department; partially through grants to agencies; partially through arm's length Regional Health Authorities; and, partially by independent physicians, or other service providers paid through fee-for-service or alternative means. It is a complex combination of insured benefits; services provided through public institutions, ranging from community-based primary care through tertiary care teaching hospitals; and, publicly regulated but privately provided services such as proprietary personal care homes.

Further, the promotion of healthy living and appointment of the Minister of Healthy Living emphasizes the goals of promotion and maintenance of good health.

Manitoba Health continues to improve the quality of the health care system and meet the public's expectations by working to reduce waiting lists, to provide service enhancements, and to recruit and retain health care professionals. These issues are at the forefront of public concern.

Our health care system is under pressure to treat more people, expand services, and increase wages for service providers. New and improved surgical procedures, technology and drugs promise better outcomes for health and create increased public demand for health care services. This trend is seen throughout Canada. The Romanow Report: *Building on Values: the Future of Health Care in Canada* (2002) made care and treatment recommendations related to prevention and health maintenance. Manitoba continues to examine those recommendations in the context of our health care system.

Other strategic challenges are to provide services to maintain the quality of life for Manitobans living with chronic diseases and conditions; to reform services in mental health, Pharmacare, primary health care; and, to invest in continuing care. In addition, Manitoba Health continues to improve access to care, and to reduce the waitlists for services, through a variety of strategies that include a broader influenza vaccination program and better coordination of hospital resources. Other measures to reduce the demand for hospital beds include ambulatory care initiatives, community health centres, and the investment in home care and long term care facilities.

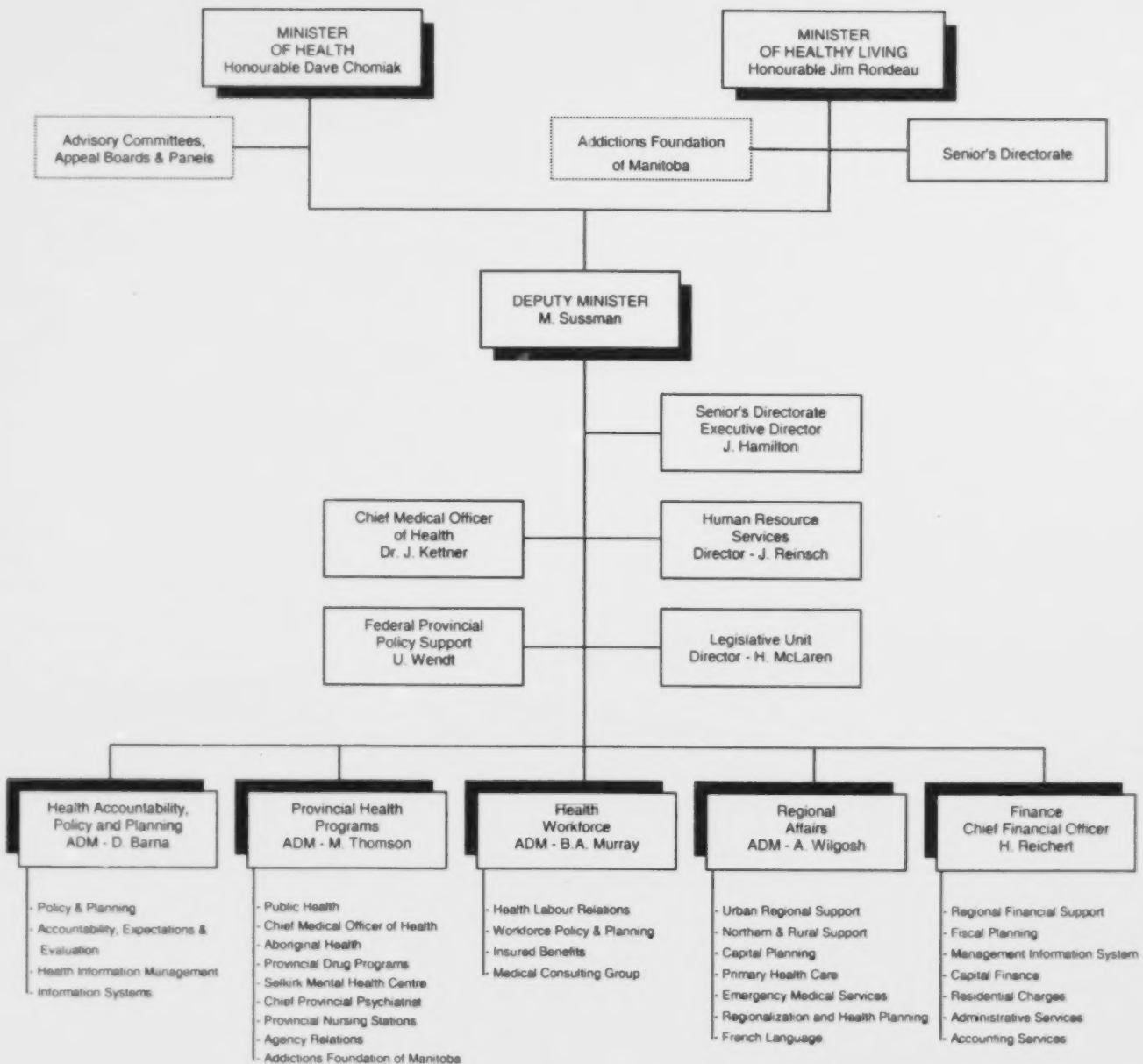
In 2002, the National Steering Committee on Patient Safety made recommendations to improve patient safety. These recommendations, along with The Thomas Report: *Report of the Review and Implementation Committee for the Report of the Manitoba Pediatric Cardiac Surgery Inquest* (2001), serve as a foundation for continuing government action to improve patient safety and quality care in Manitoba. Most recently, the First Ministers' initiative on health system performance indicators brought an increased awareness of, and focus on, performance measurement.

To enhance accountability and communicate a better "performance story" to the citizens of Manitoba, Manitoba Health is committed to an ongoing process of improvement in public performance reporting within its Annual Report. Following the advice of the provincial Auditor-General, and aligning itself with best practice, Manitoba Health is undergoing these changes so that the citizens of Manitoba can compare intended results to actual results. To that end, the citizens of Manitoba can see how, for example, government continues to improve patient safety and quality care for the year in review.

Manitobans have different interests and perspectives when it comes to learning about its Government. With respect to the health system, there is a heightened public awareness as the media generates almost daily stories about our health facilities and care providers. The public already seems to know so much about health care in Manitoba - what is left to know? For Manitoba Health, reporting about its performance enhances its accountability in two significant ways. One is the value it adds for Manitobans in understanding how the organization works in planning and achieving results. Two is the inside look at the system overall, including the governance and management of resources, for a more meaningful picture of health in our Province.

DEPARTMENT OF HEALTH ORGANIZATION CHART

MARCH 31, 2004



Administration and Finance

Ministers' Salary

Provides the Ministers of Health and Healthy Living with the additional compensation to which individuals appointed to the Executive Council are entitled.

1(a) Ministers' Salary

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	39.7	1.00	29.0	10.7	
Other Expenditures					
Total Sub-Appropriation	39.7	1.00	29.0	10.7	1

Explanation Number:

1. The over-expenditure is due to the salary for the Minister Responsible for Healthy Living who started part way through the year.

Executive Support

Executive Support provides for the operation of the offices of the Ministers of Health and Healthy Living and the Deputy Minister of Health and Healthy Living.

The purpose of the Executive Support function is to advise the Ministers on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Ministers and Deputy Minister.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	830.2	11.00	601.9	228.3	1
Other Expenditures	201.0		111.3	89.7	2
Total Sub-Appropriation	1,031.2	11.00	713.2	318.0	

Explanation Number:

1. The over-expenditure is primarily due to additional staff required in part to support the new Minister of Healthy Living.
2. Miscellaneous operating over-expenditures.

Finance

The Finance Division is responsible for the managing of the internal financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan and coordinating administrative support services to meet departmental operating requirements.

The Division is also responsible for providing a fair and equitable distribution of available funds for Regional Health Authorities (RHAs) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA Health Plan submissions and monitoring of financial, statistical and operational results.

The Division also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

The Division is composed of the following units:

Accounting Services

The Accounting Services Unit is responsible for the preparation of a complete annual Financial Statement package including working papers for the Health Services Insurance Plan (HSIP), monthly financial statements, administration of trust funds and the payment of, and reporting on, the processing of accounts payable for the department and the HSIP.

Administrative Services

The Administrative Services Unit is responsible for the administration of contracts, the maintaining of nine (9) locations of accommodation with 12,873 square meters of space, managing the departmental fleet program of 30 vehicles and 167 parking spaces, maintaining telecommunications, security, insurance and other centralized corporate services.

Residential Charges

The Residential Charges Unit is responsible for ensuring that there is an equitable rate structure in place for long-term care clients in order to maintain an appropriate level of revenue, which, in turn, partially offsets total costs of long-term care for RHAs.

Management Information System (MIS)

The MIS Unit manages the implementation and maintenance of the provincial MIS financial and statistical reporting system, based on the national reporting requirements in the MIS guidelines. This includes maintaining the Chart of Accounts, distribution of annual updates to the Manitoba Facility Reporting System User Guide and preparation of the annual file submission to the Canadian MIS Database.

Capital Finance

The Capital Finance Unit is responsible for managing capital finance for completed and in-progress capital projects and equipment approvals for RHAs and other health facilities.

Medical

The Medical Unit is responsible for providing financial support for the Physician Fee-for-Service and Alternate Funding programs as it relates to cash flows, preliminary estimates, costing of contracts and fees. In addition the Unit provides support for programs in the department which includes, but is not limited to, responding to queries, fund management and budget issues.

Regional Health Authority

The Regional Health Authority Unit is responsible for the allocation and monitoring of the funding made available to RHAs and facilities as required under legislation and in accordance with Manitoba Health policy. The Unit works with RHAs and facilities in applying budget funding policy, reviewing health plans for estimates, monitoring operating performance and reviewing and preparing year-end settlements.

Cash Flow

The Cash Flow Unit is responsible for providing financial support and analysis for Manitoba Health. The Unit provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanding programs. The Unit prepares quarterly forecasts and variance explanations for Manitoba Health.

Budget Services

The Budget Services Unit is responsible for coordinating and monitoring the preparation and distribution of various Departmental submissions, including annual estimates documents, quarterly cashflow analysis and variance reporting, and Supplementary Information for Legislative Review, all within guidelines and established time frames.

The objective(s) of the Division are:

- To provide a complete identification and fair allocation of both tangible and fiscal resources and through monitoring and reporting, ensure the effective and efficient use of those resources in accordance with government priorities.
- To provide financial support, consultation and analysis to departmental programs, RHAs and agencies in order to ensure a common understanding of reporting requirements and methodologies.
- To ensure timely, accurate and consistent financial reporting from departmental programs, RHAs and external agencies.
- To ensure an equitable rate structure exists, and to maintain a level of revenue that partially offsets the total cost of long-term care for the RHAs, through the management of the assessment and appeal process for clients.
- To develop and communicate appropriate performance and outcome measures utilizing the Management Information Reporting System.
- To monitor and track departmental and RHA financial, statistical and operational results including analysis of in-year variance reports and future year estimate projections.

The expected and actual results of the Division for 2003/04 include:

1. Effective and efficient utilization of tangible and fiscal resources resulting in relevant budgets for departmental programs, RHAs and external agencies consistent with the established priorities of the Department.
 - Based on Departmental priorities, established guidelines and policies, Manitoba Health was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.
2. Economical financing of both capital construction and equipment purchases.
 - The Capital Finance Unit is responsible for completed and in-progress capital projects and equipment approvals for Regional Health Authorities/Health Facilities. In 2003/04 the varied debt portfolio exceeded \$685.3 Million net of accumulated sinking funds, with interest payment requirements of \$54.1 Million and principal payments of \$52.3 Million for total debt payments of \$106.4 Million.
3. Timely and accurate preparation of the Estimates, Estimates Supplement, financial aspects of the Annual Report, Quarterly Financial reports and other financial reports or documents.
 - Estimates, Estimates Supplement, fiscal aspects of the Annual Report, Quarterly Financial reports and other financial reports or documents were prepared in accordance with Legislative Requirements, Treasury Board and Senior Management requirements and deadlines.

Annual Report 2003 - 2004

4. Identification and timely resolution of financial issues, needs and emerging trends.
 - Through monthly financial reporting and regular meetings Manitoba Health was able to provide identification and timely resolution to financial issues, needs and emerging trends.
5. A department and government who are well informed on the fiscal status of Manitoba Health.
 - Through monthly financial reporting and regular meetings Manitoba Health was able to keep government well informed on the fiscal status of the Department.
6. Continued support by commercial suppliers and contractors.
 - Timely payment of invoices has resulted in continued support by commercial suppliers and contractors.
7. Equitable rate structure for the Residential Charge Program that maintains a level of revenue to partially offset the total cost of Long-Term Care.
 - Through the management of a rate assessment, review and appeal process for all long-term care clients, Manitoba Health was able to provide an equitable rate structure for the residential charge program. During the 2003/04 year the unit received approximately 1,300 requests for review of residential charges of which 200 were brought before the Manitoba Health Appeal Board.
8. Effective communication and working relationships with RHAs, internal divisions, and other external agencies.
 - Through established Departmental priorities, guidelines, policies and monthly meetings, Manitoba Health was able to establish effective communication and working relationships with RHAs, internal divisions and external agencies.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	3,479.3	67.00	3,621.8	(142.5)	
Other Expenditures	1,048.6		1,146.2	(97.6)	
Total Sub-Appropriation	4,527.9	67.00	4,768.0	(240.1)	

Central Services

Human Resources

Human Resource Services provides a wide range of human resource services and programs to the departments and agencies within the consolidated unit (Health, Family Services & Housing).

The objective(s) of the Branch are:

- To provide human resource support and expertise in the areas of recruitment, classification, and organizational design; compensation and benefit administration; human resource planning and staff development and training; labour relations and contract administration; policy, procedure, and standards development; and human resource management advice and support.

The expected and actual results of the Branch for 2003/04 include:

1. Provided Human Resource services in a fair and consistent manner in accordance with Civil Service Commission policies and standards.
 - 235 permanent and temporary employees were recruited to fill vacant positions.
 - Continued efforts to develop and implement strategies to increase Employment Equity representation within the department, with increases achieved.

- Provided support and guidance in recruitment to difficult to fill positions such as Medical Officers, Pharmacists, and Epidemiologists.
 - Participated in bargaining with the Manitoba Government and General Employee's Union and the Manitoba Medical Association.
 - Provided support to management in several grievance hearings.
 - Provided advice and guidance to management in resolving many labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues.
2. Timely and accurate pay and benefit administration was provided to the Department's civil service and Manitoba Support Service employees.
- 54 positions were reclassified.
 - 1,307 civil service SAP events and 138,897 Manitoba Support Service payroll transactions were processed.
3. Developed/provided human resource programs and policies to support the current and future needs of the department.
- Implemented Employee Contribution and Development program.
 - Developed internal succession management strategies including the PORTAL Initiative and a leadership development training program.
 - Developed and implemented processes to ensure Branch compliance under the *The Personal Health Information Act* and *The Freedom of Information and Protection of Privacy Act*.
 - Developed core competencies for senior managers.

Legislative Unit

The Legislative Unit is responsible for ensuring that the legislation (Acts and regulations) for which the Minister of Health and Minister responsible for Healthy Living have statutory responsibility (see Appendix I for details) reflects government policy and supports the programs and initiatives related to health and to the provision of health care in Manitoba. The Legislative Unit is part of the Office of the Deputy Minister of Health and reports directly to the Deputy Minister.

Staff from the Legislative Unit serve as Manitoba Health's representative on The Professional Regulatory Network and on The Privacy Assessment Review Committee established under *The Freedom of Information and Protection of Privacy Act*.

The objective(s) of the Unit are:

- To coordinate the development of new health legislation and amendments to existing health legislation and its conduct through central government or the Legislature.
- To review government and other Bills at both the provincial and federal levels to assess the impact on health policy and legislation.
- To provide advice and assistance respecting ongoing implementation of *The Personal Health Information Act*.
- To coordinate the response to applications for access to information under *The Freedom of Information and Protection of Privacy Act*.
- To monitor and advise on compliance with the Agreement on Internal Trade Labour Mobility Chapter by regulated health professions.

Major Activities and Outcomes, 2003/04:

The Non-Smokers Health Protection Amendment Act:

- Bill 21, *The Non-Smokers Health Protection Act* (Various Acts amended) was introduced. Through this Bill, Manitoba will be the first province in Canada to adopt a province-wide smoking ban as of October 1, 2004. The ban will apply to both enclosed public places and indoor workplaces with a few specified exceptions.

Legislative Proposals:

- Several other legislative proposals went forward for the 2004 Legislative Session. However, no further health legislation has been introduced as at March 31, 2004. The web site for Manitoba Laws is <http://web2.gov.mb.ca/laws/statutes/index.php>

The Personal Health Information Act (PHIA):

- Information and formal presentations on PHIA were provided to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy. Information about PHIA was also made available to members of the public to assist them in understanding their rights and appeal processes. The PHIA Steering Committee continued its work on a legislative review of PHIA and released a detailed consultation document to encourage discussion among members of the public, stakeholders, and government. (<http://www.gov.mb.ca/health/phia/index.html>)

The Freedom of Information and Protection of Privacy Act (FIPPA):

- The Department's Access and Privacy Officer is part of the Legislative Unit.
- There were 98 responses to FIPPA requests for information.

Privacy Impact Assessment:

- A privacy impact assessment (PIA) policy was approved to ensure that electronic information records systems developed or purchased by Manitoba Health are compliant with the Province's access and privacy laws, PHIA and FIPPA.

Personal Information Protection and Electronic Documents Act (PIPEDA):

- Participated in a Federal/Provincial/Territorial Working Group respecting the privacy of personal health information. As of January 1, 2004, the federal PIPEDA covers the collection, use or disclosure, of personal information (including personal health information) in the course of any commercial activity within a province, including provincially regulated organizations.

Health Professional Legislation:

- Worked with various health professional regulatory bodies in the development of regulations and proposed new acts.

Regulatory Amendments:

- Assisted in the development of required regulation amendments under various health-related legislation. (See Appendix II for details).

Information Services:

- Provided information to health professionals, Regional Health Authorities and students on legislation and the legislative process.

The Physician Profiles Steering Committee:

- Co-chaired the Physician Profiles Steering Committee, established in 2002, to develop physician profiles that can be accessed by the public. In November 2003 the Committee submitted its recommendations, regarding information to be included in a physician profiles system, to the Minister of Health.

New Committee Established:

- The College of Medical Laboratory Technologists of Manitoba Transitional Council was established to prepare for proclamation of *The Medical Laboratory Technologists Act*. Staff in the Legislative Unit participate on the Council

Federal Provincial/Policy Support

The objective(s) of the Unit are:

- To provide policy, organizational and analytical support on federal/provincial and inter-jurisdictional matters including cooperative initiatives.

The expected and actual results of the Unit for 2003/04 include:

- Clients are provided rapid turn-around policy research, strategic analysis, vision development, environmental scans, issues analysis, trend analysis and forecasting.
 - Anticipated, researched and responded to inter-jurisdictional health matters that may impact Manitoba.
 - Provided trend and forecast analyses to support policy and position development.
 - Provided strategic policy advice, policy support and short-term research functions on inter-provincial and inter-jurisdictional matters.
- Federal/Provincial discussions are coordinated and evidence-based.
 - Established and maintained linkages with the federal health department and other provincial and territorial health departments.
 - Conducted negotiations on cooperative initiatives, and pan-Canadian institutions and policy approaches.
 - Consulted with appropriate Divisions/Branches/Units in the department to generate provincial positions on inter-jurisdictional health issues.
 - Ensured that provincial policies on inter-jurisdictional matters were coordinated and communicated through Linkages Committee, etc.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,571.2	31.00	1,738.3	(167.1)	
Other Expenditures	259.9		340.4	(80.5)	1
Total Sub-Appropriation	1,831.1	31.00	2,078.7	(247.6)	

Explanation Number:

- Miscellaneous operating under-expenditures.

Health Accountability, Policy and Planning Division

This main appropriation provides leadership and support to internal and external clients with a focus on policy, legislation, data access and analysis, complaints management, correspondence, information resources, and performance deliverables. In addition, provides leadership to the Protection for Persons in Care Office, and administrative support for the operations of the Mental Health Review Board, the Manitoba Health Appeal Board, and the Appeal Panel for Home Care.

During 2003/04, the Health Accountability, Policy and Planning Division:

- Implemented and monitored health system accountability processes and mechanisms.
- Integrated risk management policies and processes in early planning stages.
- Developed key strategic and population health initiatives and programs aimed at improving health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities.
- Completed the transition of 98 Health Facility sites to the new broadband Provincial Data Network.
- Completed a pilot project for an integrated Public Health Information System.
- Undertook an audit of departmental security practices in accordance with the requirements of *The Personal Health Information Act*.
- Developed and executed a bilateral agreement with the Canadian Institute for Health Information.

Annual Report 2003 - 2004

- Implemented the Provincial Protection Database to track trends of alleged abuse in health care facilities across the Province.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	112.1	1.00	104.5	7.6	
Other Expenditures	47.5		134.9	(87.4)	1
Total Sub-Appropriation	159.6	1.00	239.4	(79.8)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Information Systems

The Information Systems Branch is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba's health care system. The Branch continues to provide consultative services on information systems initiatives involving the Department, other government agencies, Regional Health Authorities (RHAs), health care facilities, health care associations, and other providers of health care services. The Branch's efforts coordinate and align federal, provincial, health sector, inter-sector and Manitoba Health projects.

The objective(s) of the Branch are:

- To provide strategic leadership and solutions to support the objectives and priorities of Manitoba's health care system.
- To coordinate and align federal, provincial, health sector, inter-sector and department projects with the priorities of the Department.
- To provide management information and operational information systems to improve the efficiency of program delivery.

The expected and actual results for 2003/04 include:

1. *The Personal Health Information Act (PHIA) compliant systems:*
 - Provided secretariat support to the Health Information Standards Council of Manitoba (HISCMB) with a focus on three (3) activities:
 - Adoption of emerging Health Care technology standards such as HL7.
 - The identification and adoption of common data definitions - an initial list of data elements for standardization including a list of "de facto" standards.
 - A communications strategy to raise stakeholder awareness on the workings of the HISCMB.
2. Effective electronic data interchange between the Department and health care providers:
 - Completed the transition of 98 Health Facility sites to the new broadband Provincial Data Network.
3. Planned for and implemented Health information technology solutions which provide appropriate, timely and accurate information, to enhance the delivery of health care services in the Province of Manitoba.
 - Developed an Information Technology strategy communication document that emphasizes the importance of an integrated health information network and an electronic health record, which form the basis for a broad information sharing strategy across the health system.
 - Finalized a structured approach, entitled the Information Technology Information Management Framework (ITIM), that identifies the key practices for creating and maintaining successful Information Technology (IT) investment management processes. This Framework is used by Manitoba Health to guide the development of processes (policy, standards, procedures,

guidelines, statements of direction) in support of the IT investments in Manitoba's health care sector.

- Continued management and implementation of the Provincial ICD-10 project, which not only migrates the existing ICD-9 Manitoba Health and hospital abstracting systems in Winnipeg to the national ICD-10 standard, but adds all other provincial and federal hospitals in Manitoba to the abstracting and reporting process. The result being a complete and comprehensive reporting to the Canadian Institute for Health Information for Manitoba at the national level.
 - Working collaboratively with the western provinces, the Information Systems Branch and the Public Health Branch, successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System in Manitoba will use standard data definitions, developed and adopted collectively by the four (4) western provinces.
 - Completed a pilot project for an integrated Public Health Information System involving three (3) RHAs and Manitoba Health's Public Health Branch.
 - Collaborated with Canada Health Infoway (Infoway) on the identification of, and agreement on, four (4) Manitoba priority program areas in which Infoway will consider strategic investment. These priorities include registries (client, provider and location), diagnostic imaging/picture archiving (PACs), infostructure and laboratory information systems.
4. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
- Completed the successful migration of Family Services employees from the Manitoba Support Service Payroll (MSSP) system to the Government SAP system.
 - Completed the implementation of the Home Care Collective Agreement into the MSSP system.
 - Commenced development of an electronic interface between MSSP and the home care worker-scheduling tool used in the Regional Health Authorities.
 - Completed the implementation of the negotiated agreement between the Manitoba Medical Association and Manitoba Health into the Medical Claims Processing System.
 - Implemented a new microfiche system for use in the Insured Benefits Branch.
 - Supported the Winnipeg Regional Health Authority on the replacement of St. Boniface General Hospital's networking infrastructure in preparation for a new Hospital Information Systems Project.
 - Supported Health Links on the first phase of the expansion of the Provincial Health Call Centre.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	4,259.1	65.90	4,045.4	213.7	
Other Expenditures	1,326.0		1,255.0	71.0	
Provincial Program Support Cost	6,198.4		6,538.4	(340.0)	
External Agencies	106.6		139.4	(32.8)	1
Total Sub-Appropriation	11,890.1	65.90	11,978.2	(88.1)	

Explanation Number:

1. The under-expenditure is primarily due to lower requirements of the Western Health Info Collaborative.

Health Information Management

The Health Information Management Branch provides information management and statistical services in support of the programs of Manitoba Health, the Regional Health Authorities (RHAs), agencies, researchers and the general public. It also provides leadership and coordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act (PHIA)*.

The objective(s) of the Branch are:

- To provide the policy and scientific frameworks, standards and processes necessary to ensure the proper use of health data within Manitoba Health, the RHAs and other parties.
- To provide the necessary data infrastructure to enable data access, analysis, interpretation and research.
- To provide analysis and interpretation of health information to inform and support the strategic functions of Manitoba Health.
- To provide leadership and coordination of health research related activities.

The expected and actual results of the Branch for 2003/04 include:

1. Departmental policies and standards will be in place for the collection, use and disclosure of health information in accordance with PHIA.
 - Revised Manitoba Health's policy and procedures under PHIA.
 - Developed a notice of personal information collection policy.
 - Developed policies and procedures for the internal use of data for health research.
 - Undertook an audit of Manitoba Health's security practices.
2. Programs of Manitoba Health, RHAs, researchers and others will have access to health data, interpretation and analysis services to support their needs.
 - Produced the Annual Statistics Report and Annual Population Report.
 - Produced Regional Health Profiles for all RHAs in Manitoba.
 - Provided data and analyses required for the Injuries in Manitoba Report.
 - Provided approximately 70 standard reports to the RHA and others.
 - Provided data to support the weekly and monthly statistical reporting on the Manitoba Health web site.
 - Responded to hundreds of ad hoc data requests from within Manitoba Health, the RHAs, external agencies, researchers, and the general public.
 - Provided data and statistical support to the Medical Review Committee, Patient Utilization Review Committee, and The College of Physicians & Surgeons standards committees.
 - Verified data to support regional, provincial and national indicator reporting initiatives including those of the Canadian Institute for Health Information and Statistics Canada.
 - Produced special analysis and briefings related to health data and research publications.
 - Participated in the following health indicator related committees or initiatives:
 - First Ministers' Performance Reporting Technical Working Group (chaired).
 - Healthy Child Evaluation Committee.
 - Community Health Assessment Network.
 - Community Health Assessment Indicator Review Committee.
 - Winnipeg Indicators Initiative.
 - Provincial Sustainability Initiative.
 - Canadian Institute for Health Information Indicator Consensus Process.
 - Canadian Perinatal Database Committee.
3. Manitoba Health will have a coordinated approach to health research.
 - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
 - Developed and executed a bilateral agreement with the Canadian Institute for Health Information.
 - Provided ongoing coordination and support to the contractual relationship between Manitoba Health and the Manitoba Centre for Health Policy.
 - Participated in the review of researcher applications to the Canada Foundation for Innovation other research funds.
 - Undertook partnership activities related to health services research and research training in accordance with the agreement with the Canadian Health Services Research Foundation.
4. The necessary data infrastructure to enable data access, analysis, interpretation and research will be maintained and developed.
 - Continued development and maintenance of hundreds of databases to support internal and third party information requirements.

- Participated in key health information system development initiatives within Manitoba Health (e.g., medical claims payment, provider registry, ICD-10).
- Provided health records consultation to the RHAs within Manitoba.
- Participated in the following committees or workgroups:
 - National Prescription Drug Utilization Information System (NPDUIS).
 - National Physician Database Committee.
 - National Hospital Morbidity Committee.
 - National Ambulatory Care Reporting System Committee.
 - National Data Quality Technical Working Group for the Canadian Institute for Health Information Discharge Abstract Database.
 - National Health Human Resources Committee.
 - Canadian Community Health Survey Working Group.
 - Provincial Standards Council.
 - Hospital Abstract User Committee (chair) and work groups.
 - Community Data Network.
 - The Need to Know Partnership.

2(c) Health Information Management

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	672.4	12.00	692.9	(20.5)	
Other Expenditures	234.2		379.8	(145.6)	1
Total Sub-Appropriation	906.6	12.00	1,072.7	(166.1)	

Explanation Number:

1. The under-expenditure is primarily due to decrease in Professional Services Contracts.

Policy and Planning Branch

The Policy and Planning Branch consists of central administration and the Units of Healthy Populations; Community, Acute and Long-Term Care Planning; and Strategic Planning and Emerging Issues. In late 2003, the Branch was restructured to consolidate and emphasize longer range strategic planning for Manitoba's health system and responsiveness to emerging health issues. The Branch supports the Department in achieving its goal – a quality, evidence-based, people centered, accountable and sustainable healthcare system.

The objective(s) of the Branch are:

- To coordinate strategic priorities for the health system.
- To undertake ongoing environmental scans for the identification of emerging issues, risks, opportunities, and best practices related to the health system.
- To develop strategies, positions, policies and policy documents for the health system.
- To ensure that the unique attributes and needs of identified priority populations and programs are reflected in planning and policy development within the Department.
- To provide leadership in the organization related to management of policy documents, policies and related infrastructure.
- To manage relationships on behalf of Manitoba Health/Healthy Living with other specified external government departments and organizations.

Healthy Populations Unit

As a result of the reorganization, the Units of Prevention, Community & Child Health, Women's Health, as well as responsibilities for Seniors and Persons with Disabilities were amalgamated into the Healthy Populations Unit. The Unit continues to contribute to the objectives of the Policy and Planning Branch in developing key strategic and population health initiatives and programs aimed at improving health outcomes for priority populations including women, children, families, persons with disabilities, seniors

and their communities with a focus on prevention and early intervention. In addition, the Unit has been assigned a significant portion of responsibility for activities under the purview of the Minister responsible for Healthy Living.

Community, Acute and Long-Term Care Planning Unit

As a result of the reorganization, the Seniors and Persons with Disabilities Unit has been renamed Community, Acute and Long-Term Care Planning. Some responsibilities for seniors and persons with disabilities have been transferred to the Healthy Populations Unit. The new name more closely reflects the Unit's contribution in developing key strategic initiatives, focusing on continuum and/or larger system(s) planning over the next three (3) to five (5) years, in the areas of home care, acute care, long-term care, and palliative care, with the goal of sustaining healthcare. This is done in collaboration with other government departments, Regional Health Authorities (RHAs), and community organizations. This Unit provides leadership in departmental policy development in community, acute and long-term care.

Strategic Planning and Emerging Issues Unit

This is a newly established Unit within the Policy and Planning Branch. The Unit provides leadership in departmental strategic planning, based on trend and gap analysis, knowledge of new and innovative models and best practices, and with direction from senior management. This Unit provides leadership in the development of a departmental policy framework for the initiation and communication of new policies, procedures and programs. In addition, this Unit will develop the provincial Patient Safety Strategy. A research capacity will be developed to address emerging issues.

The expected and actual results of the Branch for 2003/04 include:

1. Well-researched, data-supported, and relevant policy for the health sector.
 - Developed, implemented and reviewed Restraint Policy for Personal Care Homes.
 - Finalized Standards for Personal Care Homes – moving to regulation.
 - Developed the Rural Health Services framework.
 - Reviewed the Cost Limit Policy to allow clients to remain longer in the community. The ensuing changes will support our Assisted Living Strategy.
 - Reviewed the Transportation Policy relating to Direct Service Workers.
 - Commenced acute care services and health services review.
 - Field-tested, in collaboration with Sudbury District Health Unit a preschool nutrition screening instrument which included an educational component for families.
 - Purchased, with the Public Health Branch and Healthy Child Manitoba, an expanded Manitoba child sample in the upcoming Statistics Canada, National Nutrition Survey.
2. Policy that includes the concerns of priority populations.
 - Completed a document entitled, *Including Gender in Health Planning: A Guide for Regional Health Authorities* (Donner, L., 2003), produced by the Prairie Women's Health Centre of Excellence and funded by Manitoba Health. Workshops on gender-based analysis, based on this document, were also undertaken with Regional Health Authorities to assist them with including gender in their Community Health Assessments.
 - Prepared, in collaboration with RHAs, options for infant hearing screening in Manitoba.
 - Established a departmental Working Group to review the report, *Full Citizenship: A Manitoba Provincial Strategy on Disability* (2001). Departmental recommendations for action were presented to senior management and are being addressed.
 - Partnered with the Seniors Directorate to develop a session related to seniors falls as part of a provincial injury conference.
3. Departmental awareness of issues and research taking place as it relates to health and healthcare.
 - Conducted an environmental scan regarding palliative care; patient safety initiatives; care guarantees; informal caregivers; home care; core services; and bed utilization.
 - Identified current distribution and retrieval process for medical supplies and equipment across the province.

- Prepared, with Health Information Management Branch and external experts a ten-year injury surveillance report called *"Injuries in Manitoba: A Ten Year Review"*. Also provided data to SmartRisk and IMPACT to produce the report *"The Economic Burden of Unintentional injury in Manitoba"*.
 - Monitored and advised on new trends in the area of emergency contraception as part of ongoing work to develop a provincial Reproductive Health Strategy.
4. Strong working relationships with external stakeholders in the development of policy.
- Established the Strategic Planning and Emerging Issues Unit, which includes the provincial patient safety portfolio.
 - Led patient safety activities including the fourth Provincial Patient Safety Conference for health system stakeholders; a province-wide patient safety newsletter from the Institute for Safe Medication Practices; and a Patient Safety Strategy to provide direction on provincial priorities for patient safety.
 - Represented Manitoba Health and participated on the Federal/Provincial/Territorial working group to establish a Home Care Basket of Services.
 - Collaborated with the Winnipeg Regional Health Authority, Personal Care Home staffing level review.
 - Collaborated with Regional Support Services, RHAs and Manitoba Family Services and Housing on Supported Housing Initiative to include development of pilot project.
 - Collaborated with inter-sectoral partners toward Healthy Living policies and initiatives aimed at issues such as healthy eating, increasing physical activity and promotion of healthy living.
 - Co-chair, with Manitoba Labour and Immigration, of the multi-sectoral Injury Prevention Strategy Development Committee which continued to provide leadership on injury prevention initiatives including holding the 2nd provincial Injury Free Manitoba Conference.
 - Ongoing joint initiatives, including establishment of four (4) demonstration programs, with Manitoba Education, Citizenship and Youth, and Manitoba Family Services and Housing, to facilitate a coordinated regional-based Children's Therapy Initiative.
 - Collaborated with Manitoba Council on Child Nutrition in the promotion of healthy school eating environments.
 - Collaborated with RHAs, departments and community members regarding the development of responses to prevent and address Fetal Alcohol Spectrum Disorder including providing diagnostic support.
 - Collaborated with Healthy Child Manitoba and Manitoba Education, Citizenship and Youth to continue the implementation and coordination of the Healthy Schools Initiative.
 - Participated in an Interdepartmental Committee working on activities to reduce/prevent the sexual exploitation of children and youth.
 - Chaired the Baby Friendly Manitoba Coordinating Committee which works in partnership with RHAs and community experts to promote and support breastfeeding including holding a provincial conference, and clinical and research rounds.
 - Furthering the Women's Health Strategy document released in 2000, funding was provided to the Prairie Women's Health Centre of Excellence to develop a Women's Health Profile feasibility report, including identification of relevant health indicators. The project included convening an advisory committee of individuals with knowledge of women's health and health indicators.

Mental Health

As a result of reorganization in 2002, Mental Health is now within the Health Workforce and Mental Health Division of Manitoba Health.

For the past three (3) years, mental health has been identified as a priority within Manitoba Health. The purpose in doing so was to increase the profile of mental health in Manitoba and provide the impetus required to achieve the objectives outlined as part of Mental Health Renewal (initiated in 2001). Mental Health Renewal includes a broadening of the mandate of the mental health system to include practices that improve mental wellness as well as treat mental illness, with a focus on promotion, prevention and early intervention.

Annual Report 2003 - 2004

The objective(s) of the Branch are:

- To provide leadership and policy advice consistent with the vision of Mental Health Renewal.

In 2003/04 the Mental Health Branch continued to work towards the goals of Mental Health Renewal including:

- The enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in health system planning.
- The enhancement of the role of self-help groups in the mental health system and in the lives of consumers, family members, and other natural supports.
- The development of provincial strategies for education in the areas of mental health, mental illness, and, early identification and prevention of mental illness.
- Improved availability and accessibility of quality mental health services in the province based on best practices in mental health.
- Improved integration and continuity of mental health and health related services.

The expected and actual results of the Branch for 2003/04 include:

1. Meaningful involvement of those living with mental illness and their family members in services and system planning, implementation and evaluation.
 - Developed a provincial policy on consumer participation in mental health service planning, implementation and evaluation.
 - Initiated the development of a provincial policy on meaningful family member and natural support participation in mental health service planning, implementation and evaluation, in consultation with the Provincial Mental Health Advisory Council.
 - Participated on intersectoral committees to develop strategies to address housing issues for Manitobans living with mental illness.
 - Developed a provincial policy on abuse in psychiatric facilities.
 - Provided funding to the University of Manitoba for a study that will research how users of mental health services would like to be involved in planning and evaluating these services.
 - Initiated provincial planning in the area of eating disorders.
 - Led and coordinated planning for the redevelopment of the Selkirk Mental Health Centre including services and supports for Manitobans with acquired brain injury (ABI).
 - Continued and enhanced funding and support to the Provincial Special Needs Unit, Mental Health Education Resource Centre of Manitoba and the Manitoba Farm and Rural Stress Line.
 - Accessed funding through Neighbourhoods Alive! for the delivery of a second year of the Mental Health Support Worker Certificate training program which provides training to consumers of mental health services in preparation for employment in mental health.
 - Provided funding for training for general practice physicians in specific topics related to mental illness.
 - Continued to lead the Co-occurring Mental Health and Substance Use Disorders initiative in collaboration with the Addictions Foundation of Manitoba (AFM) and Regional Health Authorities.
 - Provided funding to AFM for the development of a course in co-occurring mental health and substance use disorders.
 - Continued funding and support of self-help organizations including the Anxiety Disorders Association, the Canadian Mental Health Association, the Mood Disorders Association, the Obsessive Compulsive Information and Support Centre, and the Manitoba Schizophrenia Society.
 - Continued to provide funding and support to the Partnership for Consumer Empowerment program that promotes consumer capacity building and participation within their communities.
 - Developed and piloted mental health indicators.
 - Initiated planning related to the collection of mental health data.
 - Continued participation on the Federal/Provincial/Territorial Advisory Network on Mental Health, the Mental Health Managers Network and various inter-departmental committees including Justice and Family Services and Housing.

2(d) Policy and Planning

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,730.6	27.52	1,937.0	(206.4)	
Other Expenditures	1,294.3		1,999.9	(705.6)	1
Total Sub-Appropriation	3,024.9	27.52	3,936.9	(912.0)	

Explanation Number:

1. The under-expenditure is due to reallocating expenditures to 21-2E, Accountability, Expectations and Evaluation, and other miscellaneous under-expenditures.

Accountability, Monitoring and Evaluation (formerly Accountability, Expectations, and Evaluation)

Two branches (Evaluation, Monitoring and Appeals and Corporate Services) of the Health Accountability, Policy and Planning Division were joined in June 2003 to create the Accountability, Monitoring and Evaluation Branch.

The new Branch enhanced its focus on health system accountability and the supporting concepts of monitoring and evaluation, and expanded its purview to include the Correspondence and Web Services Units, as well as the Protection for Persons in Care Office.

The Branch provides administrative support to the Manitoba Health Appeal Board, the Mental Health Review Board, and the Appeal Panel for Home Care, and it performs the administrative functions of the appointment process for the Health Boards, Commissions and Committees.

The objective(s) of the Branch are:

- To improve accountability structures and processes for the effective management of Manitoba's health system.
- To provide leadership and support to internal and external clients in regard to protection for persons in care, web services, and ministerial correspondence.

To meet these objectives, the Branch performs a number of activities, including: managing evaluation project contracts; researching and developing accountability, performance measurement, monitoring and evaluation strategies; coordinating a risk management initiative for Manitoba Health, ministerial correspondence and web services; and, administering *The Protection for Persons in Care Act*, the Appeal Panel for Home Care, the Mental Health Review Board, and the Manitoba Health Appeal Board.

The expected and actual results of the Branch for 2003/04 include:

1. Consistent application of best practice processes for program evaluation projects.
 - Reviewed the College of Physicians and Surgeons Maternal/Child Quality Assurance Program (Final Report, November 2003).
 - Contributed to the evaluation and monitoring requirements for Primary Health Care Transition Fund proposals.
2. Implementation and monitoring of health system accountability processes and mechanisms.
 - In fiscal year 2003/04 performance deliverables signed; submissions reviewed; and, feedback provided.
 - Monitored health system organizations' progress on addressing Thomas Report recommendations.
3. Implementation of integrated risk management policies and processes.
 - Completed environmental scan and drafted strategy.
4. Current and organized information on Health Boards and Committees.
 - Transitional database and data validity confirmed.

Annual Report 2003 - 2004

5. Consistent Ministerial responses to written public requests.
 - Several thousand requests answered; and, requests regarding direct service delivery referred to Regional Health Authorities for response.
6. Effective and accessible information via Manitoba Health Web Site.
 - Increased baseline web site visits; and, positive on-line feedback results.
 - In 2003/04, the Manitoba Health web site received 8,111,939 hits from 505,600 unique visitors.
7. Effective and timely investigation following allegations of abuse in health care facilities.
 - Processed 676 abuse allegations; managed 46 incidents that proceeded to investigation (100% completed within 30 to 60 days of initiation).
 - Issued 84 directives to health care facilities for improvement in care.
8. Health Care facilities and the general public are aware of how to identify and prevent abuse.
 - Conducted over 50 education sessions, with over 1,000 people attending, and distributed 103 PPCO posters, 13,250 "Ensuring Protection for Persons in Care" brochures, and 27,000 "Support for Staff" brochures.

Mental Health Review Board

Pursuant to *The Mental Health Act*, the Mental Health Review Board is a quasi-judicial body that hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility. The legislation also requires an annual automatic review for patients on a Leave Certificate and an automatic review of all involuntary patients after the filing of a third Renewal Certificate, and annually thereafter. Reasons for Decision are mandatory and any party may appeal the Board's decision to the Court of Queen's Bench.

The expected and actual results for 2003/04 include:

1. Effective and efficient management of the Appeal Offices.
 - Patients/families and physicians of Manitoba had the opportunity to request 215 appeals.
 - Timely, fair and impartial adjudication provided for 63 hearings within the 21 day regulation of *The Mental Health Act*, eliminating further appeals to Queen's Bench.
 - Independent decision-making in keeping with the principles of fundamental justice and rationale for decisions provided.
 - Uniform application of the law and enhanced communication between the health care community and the community-at-large.

Manitoba Health Appeal Board

Pursuant to *The Health Services Insurance Act*, *The Mental Health Act*, and *The Ambulance Services Act*, the Manitoba Health Appeal Board is a quasi-judicial body that hears appeals and serves as a link among the Minister, the health care community, and the community-at-large.

The expected and actual results for 2003/04 include:

1. Effective and efficient management of the Appeal Offices.
 - Enhanced communication among the health care community, the community-at-large and the Minister of Health.
 - Manitobans had the opportunity to appeal. The Manitoba Health Appeal Board heard over 370 appeals in the year 2003/04.
 - Timely, fair and impartial adjudication of appeals completed.
 - Independent decisions rendered, and rationale for decisions provided.
 - Decision letters were sent out to appellants and respondents within two (2) weeks of the hearing in 95% of the appeals.
 - Uniform application of criteria and policies throughout the province.

Appeal Panel for Home Care

The Appeal Panel for Home Care hears appeals from Manitobans who have requested, or are in receipt of, Home Care services with respect to eligibility or level of service. The Appeal Panel also serves in an advisory role to the Minister of Health.

The expected and actual results for 2003/04 include:

1. Effective and efficient management of the Appeal Offices.
 - Independent decisions rendered, and rationale for decisions provided.
 - Received 54 appeals and provided adjudication in 24 appeals.
 - Timely, fair and impartial adjudication of appeals.
 - Timeline of response to appeal with decision in four (4) to six (6) weeks.
 - Enhanced communication among the health care community, the community-at-large, and the Minister of Health.
 - Meetings held with consumers/stakeholder groups on request.
 - Public Education:
 - Presenters at the 13th Annual Canadian Home Care Association Conference (November 30 to December 2, 2003); Information booth at the Provincial Health Conference (October 8 and 9, 2003).
 - Uniform application of criteria and policies throughout the province.
 - Continuous improvement of activities:
 - Client Satisfaction Survey completed; and, an internal audit conducted.

Highlight(s) – The Protection for Persons in Care Office

What is it?

The Protection for Persons in Care Office has the delegated authority to receive reports of suspected abuse under *The Protection for Persons in Care Act* (The Act). The Act mandates the reporting of suspected abuse or potential abuse. Abuse is defined as physical, sexual, mental, emotional or financial mistreatment which is reasonably likely to cause death, or which causes, or is reasonably likely to cause, serious physical or psychological harm to a person, or significant loss to a person's property.

The Act provides additional safeguards for citizens who report in good faith, as well as protection from an interruption in service or care to patients and residents. In addition, employees of health care facilities are free from reprisal if they report suspected abuse and protected from false reports of abuse.

What are we doing?

The objectives of the Protection for Persons in Care Office are to receive reports of abuse and consider whether further investigation is required, and to provide education and training about The Act, the identification and prevention of abuse for patients, families, health care facility staff, and the general public.

The Protection for Persons in Care Office administers The Act, which includes monitoring an abuse report line, investigating allegations of abuse, making referrals to professional bodies and agencies, and issuing directives for improvements to health facilities that need to improve. Education and training sessions are also offered, with respect to mechanisms in place to resolve complaints and concerns, as well as the identification and prevention of abuse.

What does this mean to Manitobans?

We have learned a great deal in the three (3) years since The Act was put in effect and the Protection for Persons in Care Office was established within Manitoba Health. One of the most significant results achieved was the implementation of the Provincial Protection Database to identify trends of alleged abuse in health care facilities across the province.

Annual Report 2003 - 2004

A Provincial Protection Database assists in actively monitoring allegations of abuse in health care facilities, and helping to determine which facilities need clarification or elucidation on the points of The Act - all with an end to enhance patient or resident safety. Improvements are shared across organizations, resulting in the development of best practice techniques and initiatives.

Manitoba is on the leading edge of the effort to improve patient safety in this area, as a result of the introduction of The Act and the establishment of the Protection for Persons in Care Office. By investigating allegations of abuse, the Protection for Persons in Care Office provides an invaluable service to the health system by keeping residents and patients in health care facilities safe from abusive situations and providing educational follow up to staff in facilities, patients and residents. The activities of this Office serve to enhance accountability in our health system.

2(e) Accountability, Expectations and Evaluation

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,538.2	31.73	1,741.1	(202.9)	
Other Expenditures	837.3		708.9	128.4	1
External Agencies	223.7		227.3	(3.6)	
Total Sub-Appropriation	2,599.2	31.73	2,677.3	(78.1)	

Explanation Number:

1. The over-expenditure is due to reallocating expenditures from 21-2D, Policy and Planning, offset by miscellaneous operating under-expenditures.

Manitoba Centre for Health Policy

This sub appropriation provides funding to the Manitoba Centre for Health Policy for population health studies. Deliverables for 2003/04 were:

- Patterns of Regional Mental Health Disorder Diagnoses and Service Use in Manitoba: A Population-Based Study.
- Profiling the Care Delivered by Primary Care Practices: A Baseline Measure.
- Patient Safety Issues: A Systems-Wide Approach for Manitoba.
- A Population-Based Description of High Cost and High Frequency Pharmaceutical Users in Manitoba.
- Primary Prevention: An Examination of Data Capabilities in Manitoba.

The reports arising from the deliverables are expected to be completed in fiscal year 2004/05.

2(f) Manitoba Centre for Health Policy

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Manitoba Centre for Health Policy	1,850.0		1,850.0	0.0	
Total Sub-Appropriation	1,850.0		1,850.0	0.0	

Health Workforce

Insured Benefits Services

The Insured Benefits Branch (IBB) administers the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit & Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

The objective(s) of the Branch are:

- To provide policy direction and leadership to the Health Workforce Division and provide provincial leadership in the development of key strategic policy and program framework.
- To administer the Medical Program, Customer Service, Registration, Family Doctor Connection Program, Inter-Provincial Reciprocal Agreements, Hospital Abstract Program, Out-of-Province Benefits and the Transportation Subsidy Program, as prescribed by *The Health Services Insurance Act* and the *Canada Health Act* for the benefit of Manitobans.

The expected and actual results of the Branch for 2003/04 include:

1. Participated in planning and development of a sustainable health care system in Manitoba.
2. Provided consistent customer focused service.
3. Ensured Manitobans are fully aware of and receive benefits to which they are entitled.
4. Continuous evaluation of work processes to improve effectiveness and efficiency of the programs.
5. Provided proactive opportunity assessment and timely risk resolution.

Registration and Client Services

The Registration and Client Services Unit manages the registration of all individuals in Manitoba who are eligible for health care benefits provided under *The Health Services Insurance Act*. The Client Services section handles client questions related to the registration process and the application requirements for other health care benefits. The Unit works collectively to ensure that residents of Manitoba receive the benefits to which they are entitled. The Family Doctor Connection Program, which connects Winnipeg residents with family physicians accepting new patients, has proven to be very successful with over 62,000 calls since the program was launched. Phase two of the Program will extend this valuable service to rural residents as well.

The actual results of the Unit for 2003/04 include:

- Visits to the Client Services counter increased from 106,838 in 2002/03 to 114,096 in 2003/04. Client Services handled 117,388 telephone inquiries in 2003/04.
- Clients with the required documentation were issued registration certificates at the time of application.
- There were 40,159 address changes and 79,201 registration cards issued.
- Customers who mailed in their application for registration waited approximately two (2) weeks before receiving their registration certificate.
- The Registration and Client Services sections issued 13,928 new registration numbers to residents of the province, in addition to 16,176 new certificates for 18-year-old individuals receiving their own individual registration numbers and 26,321 status changes (e.g., newborns, marriages, separations and deaths).
- The Family Doctor Connection Program handled 32,680 inquiries in the 2003/04 fiscal year.
- The Registration and Client Services areas have achieved a time frame of serving the public attending the office in person within 10 – 12 minutes of their arrival and processing applications received in the mail within a two-week period.
- Most forms required for reporting information to Manitoba Health have been made available on the Manitoba Health web site for easy access by clients with computers.

Medical and Hospital Programs

Medical Claims

The Medical Claims Unit is responsible for the:

- Registration of eligible health care practitioners using the new Provider Registry Program.
- Assessment and processing of medical claims for payment of insured health care services provided by practitioners to Manitoba residents, and the monitoring of billing practices of practitioners, in order to identify and interpret current and emerging trends in the delivery of health care services.

Annual Report 2003 - 2004

The actual results of the Unit for 2003/04 include:

- In 2003/04, 16,284,703 physician services; 167,171 optometric services; 863,321 chiropractic services and 3,498 oral surgery services were processed.

A reciprocal agreement exists among the provinces and territories to permit physicians to bill the health plan of the province in which services are provided, when services are provided to residents of other provinces. In this regard, Manitoba Health processed 232,548 services for recovery of payments for services provided by Manitoba physicians.

Manitoba Health has worked collaboratively with the Manitoba Medical Association to update the design and content of the Physician's Manual to make the document more user-friendly. The changes made to the format of the Manual will enable it to be converted to an electronic version effective April 1, 2004.

Manitoba in conjunction with British Columbia, Alberta and Saskatchewan, successfully collaborated to design and implement the Provider Registry in 2003. The registry is a standards-based repository of core provider data that will facilitate formal exchange of health information within the province and with the other western provinces involved in the project. The Provider Registry will ensure the security of health information by employing or enabling proven security and privacy protection techniques. The Provider Registry is one of the fundamental building blocks towards the realization of the Electronic Health Record.

Out of Province Claims/Reciprocal Agreements

The Out of Province Claims Unit provides benefits for Manitoba residents who have received insured hospital and medical care outside the province. In addition to adjudicating claims for residents who have obtained emergency care while travelling, going to school, or temporarily working outside of Manitoba, this area also determines eligibility for benefits for those residents who have been referred out-of-province for elective care.

This Unit provides information and assistance to physicians and the public regarding the benefits provided for out-of-province care and the process for obtaining funding for necessary care that is unavailable in Manitoba.

The objective(s) of this Unit were, in part:

- To accommodate the utilization of Canadian centres of excellence including the resolution of issues related to interprovincial funding arrangements.
- To facilitate efficiencies in the out-of-province referral process by improvements in the communication with Manitoba specialists and the Regional Health Authorities.

The actual results of the Unit for 2003/04 include:

Medical Referrals and Transportation Subsidies

- During 2003/04 this Unit received 1,142 requests from Manitoba specialists for coverage of services outside Manitoba.
- Travel subsidies totaling approximately \$762,349.0 were provided to 677 patients for 859 international and domestic trips.
- Communication to physicians and the public regarding the availability of transportation subsidies was improved by the production of an information pamphlet in November 2003.

Emergency Care

- Assessed and paid claims for emergency care provided to Manitoba residents while temporarily travelling or residing outside of Canada.
- Manitoba residents incurred 5,196 claims from physicians as well as 2,053 outpatient visits and 1,520 inpatient days for emergency care in hospitals outside of Canada.

Inter-provincial Billing Agreements (for emergency, referred or elective services)

- Under the terms of the *Canada Health Act* and the Inter-Provincial Reciprocal Billing Agreements, Manitoba Health made payment to other provinces and territories of \$7.4 million for physicians fees and \$19.8 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Manitoba is a net beneficiary of reciprocal agreements. Recoveries processed by Manitoba Health as a result of billings to other provinces and territories for care provided to their residents totaled \$10.0 million for physicians fees and \$36.2 million for hospital services in 2003/04.

Appeals

- Manitoba residents who may feel that they have been denied a benefit under the Provincial Health Plan have the right to appeal Manitoba Health's decision.
- In 2003/04 this area represented Manitoba Health in 14 hearings of the Manitoba Health Appeal Board.

Medical Review Committee

The Medical Review Committee was established under *The Health Services Insurance Act* to review Manitoba physicians' patterns of practice and to function as a formal appeal mechanism for physicians with claims processing disputes. There are seven (7) members: three (3) appointed by Manitoba Health, three (3) appointed by the Manitoba Medical Association and one (1) appointed by the College of Physicians and Surgeons of Manitoba.

During the 2003/2004 fiscal year the Committee:

- Held seven meetings.
- Reviewed 423 medical practitioners' patterns of practice resulting in 16 physicians being requested to identify reasons for variance from their peers.
- Referred concerns regarding standards of care to the College of Physicians & Surgeons.
- Referred concerns of overpayments to Manitoba Health.
- The Committee met with Health Promotion staff from the Manitoba Cervical Cancer Screening Program with a view to open the lines of communication between the program and the Committee who have the ability to monitor adherence to screening guidelines.

Patient Utilization Review Committee

The Patient Utilization Review Committee was established as a standing committee to identify patients who have received services beyond medical necessity and to recommend educational initiatives as appropriate. There are four (4) Committee members; one (1) physician appointed by Manitoba Health (MH), one (1) physician appointed by the Manitoba Medical Association (MMA), one pharmacist appointed by the Manitoba Pharmaceutical Association and one citizen appointed by MH and the MMA.

During the 2003/2004 fiscal year the Committee:

- Held 5 meetings.
- Reviewed 100 registrants who received an inordinate number of medical services from general practitioners and 5 referrals from outside agencies. Under this process if the medical need is not warranted, the Committee would recommend that the registrant enter into an Agreement to restrict themselves to one physician and/or one pharmacy for all non-emergent medical services.
- Referred concerns regarding possible over-servicing to the Medical Review Committee.
- Referred questionable dispensing practices to the Manitoba Pharmaceutical Association.
- Referred concerns regarding narcotic prescriptions to the College of Physicians and Surgeons.

Since the Committee was established, 161 registrants have signed an Agreement with the Department of Health. The number of office visits for the highest user during the Committee's initial review in 1990/1991 was 247. The highest user this year had utilized 149, a decrease of 40% from the initial review. The statistics over the life of the Committee's work reflect the educational impact that the Committee has had and continues to have on the use of medical services by high user patients. The review process identifies registrants early on where there is potential for abuse. Even where Agreements are not entered into, there is a consistent reduction in utilization of services.

Annual Report 2003 - 2004

Medical Assessment

Medical Assessors and practice consultants provide medical expertise to the physician community, senior management and internal committees regarding insured services, fee negotiations, claims processing, and the management of the insured benefits system. The medical assessors serve as a liaison with other provincial health care plans to determine and monitor inter-provincial trends in health care delivery. In addition, the medical assessors provide assistance to processing staff in assessing complex or unusual claims.

Audit & Investigations

Staff in this area are responsible for ensuring the integrity of various programs and agreements within Manitoba Health are maintained by conducting timely and effective audits and investigations. Objectives are accomplished by:

- Performing risk assessment/management projects.
- Assessing funding agreements.
- Identifying inappropriate practitioner, chiropractic and pharmacare billings; individual registrant overuse, or inadvertent billing errors that indicate areas for improvement in the programs.
- Developing and implementing remedial action to strengthen the integrity of the programs.
- Recovering improperly paid benefits from providers and recipients of service.

In 2003/04 investigations resulted in the recovery of \$115,242.0 in inappropriate billings.

Third Party Liability Program

The Third Party Liability Program staff is responsible for the recovery of insured health care expenses, including hospitalization and medical costs, attributable to third party liability.

In 2003/04 settled cases yielded total recoveries of \$8.7 million, including \$5.6 million for hospital costs and \$3.1 million for medical costs. The Manitoba Public Insurance bloc funding agreement contributed approximately \$8.1 million (94%) to the total funds recovered.

Medical Director, Physician Resource Planning

This new position in Manitoba Health was introduced in February 2004.

The Medical Director, Physician Resource Planning is responsible for:

- Constructing a physician resource plan for the Province that is proactive and responsive to the changing needs of the various users.
- Developing an accurate intelligence resource, concerning physicians, that will assist the Minister, departmental branches and RHAs with their physician resource management.
- Developing working links with the College of Physicians and Surgeons of Manitoba, the College of Family Physicians, RHAs and the University of Manitoba, primarily concerning physician resource issues.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,652.2	130.00	5,250.7	401.5	
Other Expenditures	1,878.5		1,785.5	93.0	
Total Sub-Appropriation	7,530.7	130.00	7,036.2	494.5	

Health Labour Relations

Health Labour Relations (HLR) is comprised of two (2) units - Medical Labour Relations and Labour Market Support Services.

The objective(s) of the Branch are:

- To represent Manitoba Health in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and health practitioners.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the Regional Health Authority (RHA) structure.
- To administer Fee-for-Service and Alternate Funding agreements.
- To review, assess and advise on labour relations issues relating to the nursing, professional/technical paramedical, maintenance and trades and support sectors.

The expected and actual results of the Branch for 2003/04 include:

1. Achievement of clearly defined mandates and organizational goals for HLR consistent with the RHAs governance model.
 - Negotiated a comprehensive medical remuneration settlement encompassing both fee-for-service and alternate funding agreements with the Manitoba Medical Association.
 - Labour market support in the negotiation, mediation and subsequent arbitration of the central table agreement with the Manitoba Association of Health Care Professionals (MAHCP) and the arbitrated settlement between the Professional Association of Residents and Interns of Manitoba (PARIM) and the Winnipeg Regional Health Authority.
2. Establishment of an efficient, effective and relevant information network, which supports evidence-based decision-making.
 - On-going information shared with the Canadian Institute of Health Information (CIHI) in the establishment of a national physician remuneration reporting structure.
 - Provided representation on the Expert Group on Physician Databases.
 - Shared Manitoba data with CIHI in order to populate physician remuneration databases.
 - Support for the work of the national Cross-Jurisdictional Health Labour Relations Database Committee and provincial efforts to collect information on total compensation and health labour market trends.
 - Participated in eight (8) national steering committee meetings.
 - Participated in over 40 meetings for the Collective Agreement Search Engine (CASE), Data Elements and Total Compensation, and Cross-Jurisdictional Database Benchmark and Physician Subcommittees.
3. Appropriate allocation of resources.
 - Completed the implementation of both fee-for-service and alternate funding retroactive payments as provided in the June 23, 2003 medical remuneration settlement.
 - Negotiated the incorporation of new fee-for-service tariffs, as well as amendments to existing fee-for-service tariffs in the Physician's Manual.
 - Five (5) New Tariffs were established.
 - Six (6) Existing tariffs were revised.
 - Six (6) tariffs were given provisional (trial) status.

Highlight(s) - Medical Remuneration Settlement with the Manitoba Medical Association

What is it?

- The Medical Remuneration Settlement is the comprehensive agreement with the Manitoba Medical Association which represents the majority of the province's fee-for-service and alternate funded physicians and includes:
 - A three-year term from April 1, 2002 to March 31, 2005.
 - An overall non-compounded increase of 9% to the fee-for-service Schedule of Benefits and to alternate funded agreements - 3% effective October 1, 2002, 3% effective April 1, 2003 and 3% effective April 1, 2004.
 - An additional \$10.0 million applied to the Schedule of Benefits to address certain lower fees in Family Practice (about \$7.0 million) and other blocs of practice such as Rheumatology, Geriatric Medicine and Psychiatry.

Annual Report 2003 - 2004

- Increased incentives for family physicians to provide full-service care and to maintain hospital privileges.
- An extension of maternity and parental benefits to all Manitoba physicians, including interns and residents.

What are we doing?

- This agreement represents the culmination of efforts to achieve an affordable, balanced and comprehensive settlement.

What does this mean to Manitobans?

- The fact that a negotiated settlement was reached demonstrates an enhanced spirit of cooperation between physicians and government. The agreement puts greater emphasis on full-service practice and on continuity of patient care.

3(b) Health Labour Relations

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	724.8	14.00	937.2	(212.4)	1
Other Expenditures	388.5		679.8	(291.3)	2
External Agencies	667.6		732.6	(65.0)	
Total Sub-Appropriation	1,780.9	14.00	2,349.6	(568.7)	

Explanation Number:

1. The under-expenditure is primarily due to vacant positions.
2. The under-expenditure is primarily due to decrease in Professional Services Costs.

Workforce Policy and Planning

The objective(s) of the Branch are:

- To develop policy and strategies to support the supply and utilization of health care professionals and workers required for health service delivery.

The expected and actual results of the Branch for 2003/04 include:

1. Improved monitoring of workforce supply and demand of selected health care professionals.
 - Annual statistics regarding the supply of nurses was prepared based on the registration data of the three (3) nursing Colleges, and nursing vacancies reported by the Regional Health Authorities (RHAs). This data was updated in 2003/04 to improve the monitoring and reporting of supply.
2. Accessible training programs for allied health professionals that are responsive to workplace requirements.
 - Manitoba Health provided financial support for the X-ray Assistant Cross-Training Program, the purpose of which was to train medical laboratory technologists to perform basic X-ray functions in rural communities. The final intake under the current funding arrangement began in September 2003 and concluded in March 2004.
3. Support for primary health care initiatives, through development of policy, education, legislation and remuneration initiatives.
 - The branch continued its support for expanded nursing education programs by funding Red River College to conduct a study to assess the feasibility of delivering a licensed practical nurse to registered nurse education program in rural and northern Manitoba.
 - Funding was also provided for specialty programs such as an Adult Emergency course, an Intensive Care Unit course, and a Perioperative program.
 - To date, total funding of more than \$2.1 million has been allocated to continuing education committees in the RHAs, to assist nurses in the maintenance and development of new skills.
 - The Branch is supporting the introduction of nurse practitioners into the health workforce.

4. Improved retention of rural physicians, nurses and other health care providers.
 - With the hiring of an Administrative Assistant in June of 2003, the Office of Rural and Northern Health became fully operational. The Office is engaged in ongoing activities related to increasing the number of rural and northern applicants to medical school, increasing exposure of medical undergraduates and residents to rural and northern training opportunities, and improving training opportunities for rural physicians.
 - The Branch supported the Manitoba Nursing Advisory Council (MNAC) in the implementation and monitoring of the Worklife Taskforce Report by coordinating the distribution and collection of the Nursing Worklife Taskforce Questionnaire sent to the RHAs.
 - The Nurses Recruitment and Retention Fund has assisted over 729 nurses to relocate to Manitoba and over 406 nurses to enroll in refresher programs to re-enter the nursing workforce. Of the 406 nurses enrolled in refresher programs, 280 completed their respective programs. Of the 280, 248 are currently employed throughout Manitoba.
 - Through the effort of the nursing recruitment and retention fund, Manitoba was able to hire and retain 298 positions over the 2002/03 levels consisting of RNs, LPNs, and RPNs. Of those 298 positions, 137 nurses were recruited from out-of-province.
5. Improved retention of new Manitoba graduates in the Manitoba healthcare settings.
 - The Medical Student/Resident Financial Assistance Program (MSRFAP), established in 2001, provided support for students and residents in return for a service commitment to Manitoba. In 2003/04, 147 grants were awarded to students and residents, totalling \$2.6 million.
6. Improved mechanisms to resolve health human resources issues such as recruitment, retention, distribution and utilization of physicians, nurses and other health providers.
 - In 2003, Manitoba Health supported the implementation of a coordinated process to assist RHAs with the logistics of recruiting foreign-trained physicians and avoiding duplication of effort. It will introduce future physician candidates to opportunities available in Manitoba. The process will also explore possible new markets made available through the new legislation around physician licensure.
 - In April 2001, the implementation of the Medical Licensure Program for International Medical Graduates (MLPIMG) was announced. In 2003, Manitoba Health increased the number of IMGs eligible for the Clinicians Assessment and Professional Enhancement (CAPE) to 12 (from 10). For 2003, 13 IMGs were accepted into the MLPIMG; one (1) IMG was recently assessed by the CAPE Program and did not require another assessment; and 12 IMGs underwent the assessment in September. Ten IMGs started enhanced training January 2004.
 - The branch supported the recommendation of the Joint Nursing Council which identified safety and security as a top priority, and earmarked \$700,000 to improve the working environment of nurses throughout Manitoba. The one-time allocation of funds was distributed among RHAs based on the proportion of RNs, LPNs, and RPNs in each region.
 - Manitoba Health is actively involved with the work of the federal Advisory Committee on Health Delivery and Human Resources (ACHDHR). The Department has representation on a variety of sub-committees including those related to entry-to-practice credentials and health human resources planning.

3(c) Workforce Policy and Planning

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	430.3	6.00	354.6	75.7	1
Other Expenditures	58.1		55.1	3.0	
Total Sub-Appropriation	488.4	6.00	409.7	78.7	

Explanation Number:

1. The over-expenditure is primarily due to unachieved staffing vacancy allowances.

Regional Programs and Services

The objective(s) of the Division are:

- To provide support to the Ministers of Health and Healthy Living, Regional Health Authorities (RHAs) and CancerCare Manitoba (CCMB) by providing leadership and recommendations in the planning, implementation, monitoring and evaluation of health services to the residents of Manitoba.

During 2003/04 the Division worked on various issues such as:

- The Primary Health Care Transition Fund (PHCTF) was established by the federal government in consultation with the provinces and territories.
- A wide range of construction projects, including the Brandon Regional Health Centre and Health Sciences Centre (HSC) redevelopment, replacement of Swan River Valley Health Centre and Gimli Health Centre Redevelopment.
- Support provided to the RHAs in the development of their 2004/05 Health Plans.
- Critical Clinical Occurrence/Critical Occurrences Committee was established during 2003/04 and quarterly meetings have occurred to log, monitor, and evaluate these occurrences.
- A multi-divisional/RHA patient safety committee was established to develop policy and standards for the province.
- Clinical Education for spiritual care providers continues in the rural RHAs: training occurred in health care centres, an addictions centre, and a correctional centre in the Nor-Man RHA; three (3) new rural Clinical Pastoral Education programs are planned; and, the Parkland and Interlake RHA centres are well underway. Telehealth is being utilized for many of the education sessions.
- Release of a large part of the Emergency Treatment Guidelines.
- Disaster Management Services adapted and expanded Manitoba Health's *Disaster Management Model for the Health Sector* to become the *National Framework for Health Emergency Management*, which is being adopted across Canada. It represents a significant and critical step in creating a seamless and integrated emergency management program in Canada's health sector.
- Regional Programs and Services staff provided support for, and provincial monitoring of, initiatives funded under the Primary Health Care Transition Fund (PHCTF) to support transitional costs related to the renewal and reform of primary health care in Manitoba. These initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of primary health care services. Examples include the expansion and enhancement of Health Links, the development of information technology to support integrated primary health care in North Eastman RHA and Access River East in WRHA, and the addition of Nurse Practitioners to the Interlake RHA primary health care service delivery system.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	209.2	3.00	192.9	16.3	
Other Expenditures	56.9		39.8	17.1	1
Total Sub-Appropriation	266.1	3.00	232.7	33.4	

Explanation Number:

- Miscellaneous operating over-expenditures.

French Language Services

French Language Services (FLS) Branch ensures that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health and that Regional Health Authorities (RHAs) have improved capabilities to provide essential health services in Francophone-designated areas.

The objective(s) of the Branch are:

- To provide advice and support to internal and external clients with a focus on French Language Services.

To meet these objectives, the FLS Branch performs a number of activities including advice and support in the areas of policy, legislation, data access and analysis, as well as correspondence, issues management and recruitment pertaining to French Language Services that serve the Executive and Manitoba Health. The activities also include coordinating the development and facilitating the process of new FLS activities and plans, processing translation and revision requests for internal and external clients, investigating and resolving complaints concerning FLS, helping maintain the French component of the Manitoba Health web site, and, administering and implementing Manitoba Health's FLS Plan.

The expected and actual results of the Branch for 2003/04 include:

- Internal and external clients will have the best quality and most timely information possible regarding French Language Services.
 - Participated in the Interlake RHA Working Group on the RHA's FLS Plan, the commission and evaluation of an "Analysis of the Health Services Needs of the Francophone and Métis Population of St. Laurent" and a submission under the Primary Health Care Transition Fund (PHCTF) to secure funding to implement certain recommendations of the Analysis.
 - Participated in the Conseil communauté en santé Working Group to work towards the designation of this group as the official voice of Franco-Manitobans in matters of health care.
 - Participated in the National Primary Health Care Conference planning committee helping to coordinate the translation, proofing and posting of material related to this conference as well as other Francophone aspects of the conference, such as interpretation and hospitality for Francophone participants.
- Enhanced availability and accessibility to services in French for Franco-Manitobans.
 - Assisted with the translation, proofing and Internet posting of the following major projects: SARS and Communicable Disease Control Unit Fact Sheets, Tobacco Control Strategy and Baby Friendly Manitoba material, Wait Time information and *The Personal Health Information Act* (PHIA) review web pages.
 - Participated in a forum on PHIA and its federal counterpart.
 - Assisted with the translation of career information material for Human Resources and participated in a Job Fair at the Collège universitaire de Saint-Boniface to help present this information.
 - Assisted with the translation of the Manitoba Health and the Addictions Foundation of Manitoba Annual Reports 2002/03.
- RHAs have improved capabilities of providing essential health services in French.
 - Cooperated with the Primary Health Care Unit of Manitoba Health in the review of PHCTF submissions aimed at improving health care services for Franco-Manitobans.
 - Participated in the Centre de santé Advisory Group to work towards the implementation of a Health Links – Info Santé satellite call centre to provide Francophones with 24/7 telephone access to Francophone nurses.

4(b) French Language Services

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	53.0	1.00	54.9	(1.9)	
Other Expenditures	3.6		13.6	(10.0)	1
Total Sub-Appropriation	56.6	1.00	68.5	(11.9)	

Explanation Number:

- Miscellaneous operating under-expenditures.

Capital Planning

The Capital Planning Branch provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

The objective(s) of the Branch are:

- To oversee development and implementation of the provincial health capital program, and advise Government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The Branch objectives are met through the following activities:

- Assist Regional Health Authorities (RHAs) in the development of capital project proposals.
- Oversee departmental review of capital section of RHA health plans, and develop a prioritized capital program for Health Estimates, which is linked to the strategic priorities of the Government.
- Oversee development of all health capital projects to the point of final tender including the review, assessment and approval of role statements, feasibility studies, functional programs and architectural programs. In addition to this, the Branch provides professional advice through the design process to assist RHAs as clients of architectural and engineering services.
- Provide advice and information to the Department on provincial health infrastructure and associated program and policy requirements.
- Provide architectural and engineering advice to the RHAs and Department in response to identified system-wide issues in health care infrastructure.
- Communicate budget approvals and negotiate cost-sharing agreements with RHAs and other external agencies for major projects subject to the Community Contribution Policy.
- Provide expertise in relation to property management issues as identified by RHAs.
- Evaluate projects at completion for consistency with service delivery expectations and approved budgets.

The expected and actual results of the Branch for 2003/04 include:

1. A capital plan that supports the Department's population health objectives.
 - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment, and the development of new programs as well as improved facilities, and enhanced community-based services.
 - Construction of new primary care facilities.
 - New infrastructure to support provincial programs such as cancer and dialysis treatment.
2. Health capital projects, which are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
 - Integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
 - Adopted the Power Smart Standard to the greatest extent possible for new construction and renovation projects. The following projects received Power Smart Designation:
 - Gimli Community Health Centre.
 - East Borderland Primary Health Care Centre.
 - Swan River Valley Health Centre.
3. Transparent and equitable application of policies related to business practices, construction, Department funding and community cost sharing.
 - Signed six (6) Contribution Agreements with Project Sponsors for capital projects requiring a community contribution.
 - Discussions are underway with the Manitoba Association of Architects and the Consulting Engineers of Manitoba to improve professional service agreements.
4. Timely and accurate information on the Capital program, forecasting in the areas of infrastructure maintenance requirements, emerging program models and development of appropriate program and policy options.

- Supported ongoing collaborative planning with Regional Health Authorities (RHAs) to prioritize current and future maintenance requirements.
 - Collaborated with the WRHA, Manitoba Family Services and Housing, and Manitoba Transportation and Government Services on the development of a new partnership model for the delivery of community-based health and social services.
5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
- Collaborated with RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
 - Continued to deliver a stable and appropriate number of maintenance projects.
 - Developed new space in support of new service delivery models and innovative services such as community Access Centres, community-based clinical diagnostics and the continued development of the Neurosurgical Centre.

Capital Projects

During the 2003/04 fiscal year, eight (8) major construction projects were completed at a cost of \$17.6 million including:

Acute Care

- Neuroangiography Suite at Health Sciences Centre (HSC). Included the installation of a Bi-Plane Angiography Imaging Camera and a Leonardo 3D workstation. The project also added one (1) procedure suite.
- Redevelopment of the Adult Ultrasound Department at HSC. Project created 7,100 square feet of new space to support adult ultrasound services at HSC.
- Community Outpatient Ultrasound Development. Redevelopment of 946 square feet of diagnostic space at HSC, Concordia Hospital, Misericordia Health Centre, St. Boniface General Hospital, Seven Oaks Hospital and Victoria General Hospital. Project supports the addition of six (6) new ultrasound systems.

Long-term Care

- Additions to, and renovations of, the Riverside and Mapleside Cottages and the second West Living Unit at the St. Amant Centre. Project added 19,213 square feet of space.

Primary Health Care

- River East Community Access Centre. New community access centre comprising a total of 39,000 square feet to house primary health care services and social services.
- Sprague-East Borderland Primary Care Centre. An existing, undersized, primary care facility was replaced to serve residents of small unserved communities in the remote southeast corner of the Province. The new primary care facility adds 3,025 square feet of space and will provide space for a range of health professionals as well as two (2) examination rooms, a multipurpose room and space for educational resources.

Provincial Programs

- Foundation and shoring work of the radiation treatment vault at CancerCare Manitoba.
- Interim Renal Health and Treatment Unit at the Garden Hill First Nation serving the Island Lakes Tribal Council communities. 10,236 square feet of new space supporting six (6) new dialysis treatment stations and one (1) isolation room.

Construction has continued and eleven new projects went into construction during the year at an estimated cost of \$270.2 million. These projects include:

Acute Care

- Clinical Services and Building Services redevelopment of the Brandon Regional Health Centre. Project includes 161,386 square feet of new space as well as the renovation of 35,851 square feet of existing space. Project added five (5) new surgical suites and supports a new OR Case Cart, OR records system, a data repository, clinical charting system and patient care management system.
- New building constructed at the Brandon General Hospital to house Magnetic Resonance Imaging Equipment (MRI). Project will add 7,556 square feet of new space to support a new MRI.
- Winnipeg Regional Health Authority Cardiac Services enhancement Project. Project provides new space to support consolidation of cardiac programs at St. Boniface General Hospital and the HSC. The project creates 40,274 square feet of space, which includes 7,600 square feet of previously shelled space, dedicated to the delivery of cardiac services.
- Consolidation of Pain Clinics at HSC. The Pain Management program delivered by the WRHA through sites at HSC and St. Boniface General Hospital was consolidated at HSC in order to eliminate duplication and maximize resource utilization. The project redeveloped 5,400 square feet of space at HSC.
- Critical Services Redevelopment at HSC. Project will add 286,182 square feet of new space. Project will support a new Emergency suite, 13 adult suites and six (6) children's suites. The Project will also house two (2) new CT scanners in the Emergency Suite, a new OR Case Cart and a data repository.
- Gimli Community Health Centre. The project involved the demolition of an old structure attached to the Gimli Hospital and the construction of new space as replacement. Emergency, treatment, diagnostics and rehabilitation services space located in the existing hospital were extensively renovated. New construction and renovation provided a total of 51,500 square feet of space supporting 28 modern inpatient beds as well as new emergency and community service space.
- Construction of the new Swan River Valley Health Centre. The project is a new 81,000 square feet facility housing 52 beds, space for a new dialysis program and an expanded chemotherapy program.
- Renovation and conversion of a vacated personal care home to support community services in Steinbach.

Long-term Care

- Addition of two (2) personal care rooms to the Snow Lake Nursing Unit. Project will support two (2) new personal care beds through the addition of 650 square feet of space.

Primary Health Care

- The WRHA Pan Am Clinic Expansion. The project will support community-based surgical space through a 20,000 square foot expansion of the WRHA Pan Am Clinic. The additional space will assist the Clinic in meeting current and projected patient volumes as well as enable the Clinic to support more orthopedic surgeons.

Provincial Programs

- Manitoba Prostate Centre at CancerCare Manitoba. This new facility will convert 6,800 square feet of presently shelled space at CancerCare facility. Space will include eight (8) exam rooms and control room as well as space for urodynamics, cysto/brachy therapy, patient counseling, a recovery area and other services such as reception.

In addition to the major projects completed and initiated, the Branch oversaw approximately 146 maintenance, safety and security projects throughout the province with a total expenditure of \$18.3 million. A number of additional maintenance, safety and security projects are currently underway.

Highlight(s) – Power Smart Building Design

What is it?

Power Smart is Manitoba Hydro's energy conservation strategy designed to assist customers in using energy more efficiently. The objective of Manitoba Hydro's Power Smart program is to meet energy needs through efficiency improvements rather than through new sources of generation.

Power Smart initiatives promote a wide variety of energy efficient products, services and programs, which deliver energy savings to Manitobans, reduce maintenance and labour costs, and improve living and working environments.

What are we doing?

The Capital Planning Branch is a member of a standing committee comprised of Manitoba Hydro, design professionals, the Federal Government and several other Provincial Departments. The standing committee developed a design standard and business policy specifying how new construction or renovated buildings can achieve Power Smart designation. Following the development of provincial Power Smart design standards and related business policies the Branch has endeavoured to incorporate them, whenever practical, into newly constructed or renovated health facilities with the intent of meeting or exceeding Power Smart design standards.

What does this mean to Manitobans?

The Power Smart Design Standards assist owners and engineering/architectural teams to develop energy efficient commercial/institutional building designs with operating cost savings, lower electricity bills, and improved facility comfort. To achieve a Power Smart building designation, the new or renovated facility must:

- Meet or exceed all mandatory and prescriptive provisions of the Model National Energy Code of Canada for Buildings (MNECB); and
- Have an energy performance that is at least 25% more efficient than a building built to the minimum MNECB.

In the last fiscal year several projects received Power Smart designation from Manitoba Hydro including the Swan River Valley Health Centre, the East Borderland Primary Care Centre and the Gimli Community Health Centre. The Gimli Community Health Centre was the first hospital in Manitoba to receive Power Smart designation as well as one of the first health care facilities to employ ground source heating and cooling technology.

The Branch is continuing to collaborate with Manitoba Hydro on Power Smart designs for the following projects in the planning stage:

- Neepawa Chemotherapy Centre.
- Neepawa Personal Care Home.
- Addition to St. Boniface Cardiac Enhancement Services.
- Thompson Personal Care Home.
- Addition to Foyer Valade.
- Wabowden Primary Care Centre.

4(c) Capital Planning

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	666.0	13.00	820.6	(154.6)	1
Other Expenditures	175.0		222.0	(47.0)	2
Total Sub-Appropriation	841.0	13.00	1,042.6	(201.6)	

Explanation Number:

1. The under-expenditure is primarily due to vacant positions
2. Miscellaneous operating under-expenditures.

Urban Regional Support Northern and Rural Support

The objective(s) of the Branches are:

- To provide support to the Ministers of Health and Healthy Living and Regional Health Authorities (RHAs) in the planning and implementation of efficient, effective, evidence-based holistic health services to improve the health status of our citizens.

The expected and actual results for 2003/04 include:

1. RHAs are held accountable through the provisions of *The Regional Health Authorities Act*.
 - Eleven (11) Performance Deliverables (Performance Agreements) were submitted and signed off between Manitoba Health and the Board Chairs of the RHAs.
2. Manitobans receive quality care across the continuum.
 - Critical Clinical Occurrence/Critical Occurrences Committee was established during 2003/04 and quarterly meetings have occurred to log, monitor and evaluate these occurrences.
 - A multi-divisional RHA patient safety committee was established to develop policy and standards for the province.
3. Acute care waiting lists meet best practice standards/guidelines.
 - A comprehensive external review of the entire cardiac program was released on August 18, 2003 and contained 42 recommendations for the program.
 - Funding was provided to increase cardiac surgery cases from 1200 to 1300 per year at St. Boniface General Hospital.
 - An additional Cardiac Surgeon, a Program Director, and an Administrative Director were hired for the Cardiovascular Sciences Program.
 - A collaborative agreement was established with The Institute of Research into Cancers of the Digestive System (IRCAD), a surgical centre located in Alsace, France, to provide specialized training in Minimally Invasive Surgery (MIS) Techniques for Winnipeg surgeons, enabling Manitoba to become a leader in MIS. MIS is surgery of the chest, abdomen, spine and pelvis, done with the aid of specially designed instruments that allows surgery to be performed through several tiny openings without the need for a large incision, thus decreasing recovery times and reducing (and often eliminating) the need for hospitalization.
 - The Western Canadian Children's Heart Network (WCCHN) was established as a collaborative effort among the four (4) western provinces for the provision of a coordinated and integrated approach to pediatric cardiac service. WCCHN is a network of clinicians and agencies caring for children with congenital heart disease residing in western Canada.
 - Regional Support Services obtained diagnostic imaging information from the RHAs to establish and update a Manitoba Health web site in December 2003 for the public to view wait times for various diagnostic imaging services.
4. Manitoba's health services system is flexible in its response to changing needs and demands.
 - A SARS Operations Committee was established in June 2003 to assist in the development of contingency plans by the RHAs to establish a readiness position to respond effectively to this new disease.
 - A Bovine Spongiform Encephalitis Committee was established between Manitoba Health staff and the RHAs in January 2004 to deal with the agriculture crisis impacting on the health status of Manitobans.
 - A Steering Committee with representation from Regional Support Services (RSS), Regional Health Authorities of Manitoba (RHAM), the Office of Rural and Northern Health, and Assiniboine RHA (ARHA) was established in November 2003. Consultation meetings were held in the communities of ARHA to obtain input from residents regarding physician recruitment and retention and health services. The comprehensive report regarding physician recruitment and retention and health services recommendations is expected to be released in April 2004.
 - Clinical Education for spiritual care providers continues in the rural RHAs: training has occurred in health care centres, an addictions centre and a correctional centre in the Nor-Man RHA; three (3)

new rural Clinical Pastoral Education programs are planned and the Parkland and Interlake RHA centres are well underway. Telehealth is being utilized for many of the education sessions.

- Three (3) Spiritual Care Newsletters were published and distributed widely to health care providers throughout the province in 2003/04. The newsletter provided valuable information on various topics and information and dates regarding workshops, new resources and educational opportunities.
- Multi-faith teaching materials were developed and distributed throughout the province for health care providers. This information educates health care staff on the culture and beliefs of 27 faith groups.
- Progress is being made towards establishing a "College of Chaplains" in Manitoba which is a significant move towards declaring Spiritual Care Providers as professionals with applied standards of practice and ethics.
- RSS participated in the Steering Committee for the expansion of the Provincial Call Centre that occurred in February 2004.
- The provincial Home Oxygen Concentrator Program policy was revised, with input from the provincial Home Oxygen Concentrator Program Committee, to incorporate revised medical eligibility criteria.
- RHAM issued an RFP for services under the Home Oxygen Concentrator Program and awarded a 5-year agreement effective December 1, 2003.
- Completed implementation of an e-triage system in the Emergency Rooms in Winnipeg.
- Manitoba Health worked with the WRHA to continue the expansion of the Comprehensive Stroke Program. A Project manager and a community therapist were added to the program.
- The Family Medicine program at the Victoria General Hospital was restructured under the Internal Medicine program. The new structure should assist in the throughput of patients in the facility.
- In December 2003 Seven Oaks General Hospital expanded its capacity to treat an additional 40 hemodialysis patients.
- In February 2004, Manitoba Health facilitated a workshop to examine the future role of the Churchill Health Centre. A task force will examine the current situation at Churchill Health Centre with a view to developing an Action Framework to reconfigure services at the Centre to better address the needs and capitalize on the opportunities for Churchill and its catchment areas.
- The Canadian Virtual Hospice was launched on February 6, 2004, as a two (2) year pilot project initiated as a concept from a collaboration among Canadian palliative care clinicians, academics and researchers. This interactive bilingual Internet based web site will allow patients, families and health care providers the opportunity to obtain current and accurate information regarding palliative care, as well as support for those living with terminal illness. Manitoba Health as a sponsor of this web site is providing funding for full-time nursing and physician positions to enable implementation of this program.

5. Supports and communication strategies are in place to assist with government's health response to disasters.
 - A health incident management system was developed and implemented in support of the Office of the Chief Medical Officer of Health, the Public Health Branch and the RHAs, in preparation for the Severe Acute Respiratory Syndrome (SARS) threat and the 2003 influenza season.
6. Communication mechanisms are in place to support clients in addressing issues related to RHAs.
 - During 2003/04 the Province requested that RHAs have a regional complaints manager in place to support clients in addressing issues related to health programs and services.

4(d) Urban Regional Support

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	925.3	16.00	938.1	(12.8)	
Other Expenditures	398.4		439.8	(41.4)	
Total Sub-Appropriation	1,323.7	16.00	1,377.9	(54.2)	

Annual Report 2003 - 2004

4(e) Northern and Rural Support

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	661.5	11.50	659.1	2.4	
Other Expenditures	179.2		249.6	(70.4)	1
Total Sub-Appropriation	840.7	11.50	908.7	(68.0)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Regionalization and Health Planning

The objective(s) of the Branch are:

- To provide support to Regional Health Authorities (RHAs) in the development of their health plans, and facilitate and support the RHAs comprehensive Community Health Assessment (CHA) process.

The expected and actual results of the Branch for 2003/04 include:

1. RHA health planning complies with Manitoba Health requirements.
 - Health Plans for fiscal year 2004/05 were received from the RHAs and CancerCare Manitoba (CCMB) on June 1, 2003 based on Health Plan Guidelines and utilizing evidence from their CHA and other relevant data sources.
2. Supports and communication links are in place to assist RHAs with their health plan submissions and subsequent post submission requirements.
 - Three (3) orientation sessions were held to assist RHAs/CCMB in learning about the revised Health Plan guidelines and the database submission.
 - Health Plans were utilized in the preparation of the Department's Estimates.
 - RHAs and CCMB received feedback letters from Manitoba Health regarding their Health Plan submission.
3. RHA health planning is based on comprehensive CHA findings and evidence-based decision making approach.
 - The selection of a core set of approximately 170 indicators for CHA from a comprehensive population health perspective was completed. The subsequent Community Health Assessment Baseline Indicator document was shared with the Department, RHAs and CCMB to receive feedback and ensure the comprehensiveness of the document.
 - Three (3) educational workshops focusing on planning, methods, and data analysis were provided and attended by the RHAs/CCMB and their community assessment teams to assist in community consultation whereby further information is gathered and hard data and information from available sources is validated.
 - Acumen Research Corporation was contracted by participating RHAs to produce and implement a survey questionnaire on health issues. A panel of experts and CCMB contributed to the survey content. The survey results were compiled and shared with the eight (8) participating RHAs and will be utilized in the ongoing CHA process.
4. Communication and coordination system between Manitoba Health and RHAs is in place.
 - Communication between the Department and RHAs/CCMB is ongoing relating to all areas of Health Planning, Regionalization, Board Governance and CHA.
 - In 2003, 20 newly appointed RHA board members participated in the annual RHA Board Member Orientation facilitated by the Branch in conjunction with RHAM (Regional Health Authorities of Manitoba).

4(f) Regionalization and Health Planning

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	430.1	7.29	421.9	8.2	
Other Expenditures	46.9		45.4	1.5	
Total Sub-Appropriation	477.0	7.29	467.3	9.7	

Disaster Management**The objective(s) of the Branch are:**

- To ensure the health care system is capable of providing a coordinated and effective response to the health needs of Manitobans during a disaster. The Branch provides a comprehensive emergency preparedness program to Manitoba Health and the Regional Health Authorities (RHAs) in support of this mission. In the event of an emergency or disaster, the Branch is responsible to coordinate the health sector's responses with those of other federal and provincial departments, agencies and organizations.

The expected and actual results of the Branch for 2003/04 include:

- Active support to each RHA on the implementation of their disaster management programs.
 - All RHAs are now developing disaster management programs based on the model provided by Manitoba Health.
 - Developed and delivered training programs on Emergency Operations Centres and on Incident Management Systems.
- A provincial health sector hazard assessment.
 - The department's Hazard and Risk Management Committee drafted a detailed provincial hazard assessment.
- A fully integrated health incident management system.
 - An incident management system was developed and implemented in support of the Office of the Chief Medical Officer of Health, the Public Health Branch and the RHAs in preparation for the Severe Acute Respiratory Syndrome (SARS) threat and the 2003 Influenza season.

Major Accomplishment during 2003/04:**Highlight(s) – National Framework for Health Emergency Management****What is it? What are we doing? What does it mean to Manitobans?**

Manitoba Health's disaster management program has formed the basis for a new Canadian framework. In 2001, the Federal/Provincial/Territorial (F/P/T) Conference of Ministers of Health tasked the F/P/T Network on Emergency Preparedness and Response, to develop strategies and mechanisms that would lead to a seamless, integrated and robust system across jurisdictions to prepare for and respond to public health emergencies. The F/P/T Network for Emergency Preparedness and Response assigned the primary development of this strategy to the Council of Health Emergency Management Directors (CHEMD) which recognized Manitoba Health's *Disaster Management Model for the Health Sector: Guideline for Program Development* as the current best practice. CHEMD asked Manitoba Health Disaster Management Services to adapt and expand this model to become the *National Framework for Health Emergency Management*. The new *National Framework* represents a significant and critical step in creating a seamless and integrated emergency management program in Canada's health sector.

4(g) Disaster Management

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	231.4	3.00	195.0	36.4	1
Other Expenditures	79.9		79.5	0.4	
Total Sub-Appropriation	311.3	3.00	274.5	36.8	

Explanation Number:

1. The over-expenditure is primarily due to unachieved staffing vacancy allowances.

Primary Health Care

The objective(s) of the Branch are:

- To support the Ministers of Health and Healthy Living and Executive Management in the planning and implementation of Primary Health Care (PHC) organizations to improve the health of Manitobans.
- To provide guidance, direction and support to Regional Health Authorities (RHAs), health providers and communities in assessing, planning, implementing, monitoring and evaluating PHC organizations according to the PHC Policy Framework (Manitoba Health 2002).

The expected and actual results of the Branch for 2003/04 include:

1. Resources are provided to further enable the provincial delivery of appropriate, integrated PHC services.
 - Primary Health Care Transition Fund (PHCTF) – This fund was established by Health Canada in 2002 to support transitional costs implementing large scale, PHC initiatives. Funding became available April 1, 2002 and will continue until March 2006. These initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of PHC services.

Initiatives

Emergency Medical Services Enhancement: Enhancing paramedic education/training to prepare the current and upcoming paramedic workforce for an expanded role in the delivery of PHC services. This will enable Manitoba to effectively integrate a well-skilled EMS workforce into the PHC service system in rural and northern Manitoba.

Collaborative Practice Training: A collaborative and interdisciplinary team is crucial to providing PHC services to Manitobans. This initiative sponsored by the Faculty of Nursing at the University of Manitoba, will educate students from different health care disciplines to work collaboratively with their counterparts. The curriculum is in its final stages of development and will be offered in September 2004.

Expanded Health Links/Call Centre: The call centre has been expanded from a 5 seat to a 35 seat state-of-the-art call centre that provides timely, multi-lingual, consistent 7/24/365 PHC information, telephone triage and referral service to all Manitobans using a comprehensive resource database. The new call centre opened November 18, 2003.

2. PHC resources are allocated to and by the RHAs.
 - Seventeen (17) initiatives proposed by RHAs have been prioritized and are proceeding under the PHCTF. The PHC Branch staff continues to support the RHAs in the development of these community initiatives. These initiatives support themes in advancing primary care access (family physicians and advanced practice nursing); community capacity building; RHA organizational strengthening; creating integrated service delivery systems; and capital development of PHC space.

3. PHC organizations are developed and deliver services in accordance with the principles of PHC, and thereby improve access to, and quality of, PHC.
 - *Winnipeg Integrated Services Initiative* (Access model) - Access to health and social services is an utmost priority for both the PHC Branch and the Winnipeg RHA (WRHA). The PHC Branch is working with the WRHA in the development of local community "access models" for the twelve Winnipeg communities. The PHC Branch participates on the steering committee of the Winnipeg Service Integration Initiative and the communities access model-planning committees. The first centre, Access River East, opened in early 2004 at 975 Henderson Highway, and construction on Access Transcona is scheduled to start in 2004. Early plans for Access Inkster are being formulated.
 - *Niverville Primary Health Care Centre* - The Niverville PHC Centre became fully operational January 2004. Services include public health nursing, diabetes education, midwifery, mental health, primary care (physicians and nurse practitioners), Baby First Program and home care.
 - *Brandon 7th Street Health Access Centre* - Staff moved into the Centre March 25, 2004 and started booking clients shortly thereafter. The programs that will be offered in the Centre include Audiology, Healthy Baby, Public Health, STD counseling, Mental Health, Health Promotion, and Family Planning.
 - *CancerCare Manitoba* - This initiative will electronically link 10 Family Physicians to CancerCare Manitoba so that Family Physicians and specialists can provide integrated sustainable quality care to cancer patients. The project is scheduled to officially begin April 2004.
 - *Interlake RHA* - Interlake RHA has hired two (2) Nurse Practitioners (NPs) to work in their North-West and North-East Districts. Both NPs have been successfully integrated into the PHC teams and are working collaboratively with physicians and other providers to extend patient access to primary care.
 - *Riverton Community Health Centre* - The Riverton Community Health Centre initiative is the development and construction of a new PHC centre for Riverton. The centre will replace an aging facility. This project is expected to be underway in 2004.
 - *North Eastman Health Authority* - Expansion of two (2) Community Resource Centres. Community resource centres in Lac du Bonnet and Pine Falls are being expanded to support the centres' important community work and to integrate health and social services. Construction of the Lac du Bonnet site is scheduled for completion June 2004, with Pine Falls site to follow.
 - *North East Winnipeg Primary Care Project* - This initiative will increase service capacity and improve services for patients in northeast Winnipeg. Participants in this project are physicians who are members of the Department of Family Practice of Concordia Hospital and have agreed to provide comprehensive patient services.
 - *Parkland RHA* - Parkland RHA's initiative will strengthen PHC services within the region. The initiative includes the provision of clinic-based services in Waterhen and Camperville, two (2) off-reserve communities and the development of a primary prevention strategy for all rural communities.
 - *NOR-MAN RHA* - Comprehensive Assessment, Referral and Entry System (C.A.R.E.S.). The initiative will lead to reconfiguring staffing roles and responsibilities to better meet population health needs. The initiative will enable NOR-MAN RHA to implement a referral and case management system that will increase integration and coordination of health and social service delivery to residents in the region. The RHA has established four (4) teams that are working toward an integrated (rather than program) service delivery model. Sites are being sought to house the teams.
4. Progress continues to ensure that timely PHC information is available to internal clients, including the RHAs, and external stakeholders that support decision-making.
 - *Information Technology* - This Provincial Initiative will link activity, services and supporting information for providers within a community PHC site, and where possible, further link service providers who are external to the primary site. This model is being developed in the River East Access Centre, and the North Eastman Health Authority.
5. Midwifery services are delivered in Manitoba in accordance with the provincial standard.
 - Standards for the provision of midwifery care in Manitoba were introduced in October 2002 and implemented in January 2003 in order to continue the development of the midwifery program.

Annual Report 2003 - 2004

The RHAs have been working to increase the number of women receiving primary care from a midwife and to ensure that women from priority populations are receiving midwifery care.

4(h) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	285.8	5.00	305.0	(19.2)	
Other Expenditures	68.1		86.4	(18.3)	
Total Sub-Appropriation	353.9	5.00	391.4	(37.5)	

Emergency Health and Ambulance Services

The Emergency Health and Ambulance Services Branch provides provincial leadership and surveillance of the air and land ambulance transport system.

The objective(s) of the Branch are:

- To facilitate the development of regional emergency medical services that are delivered by Regional Health Authorities (RHAs).
- For the benefit of Manitobans, to be responsible for the legislation and regulation of all aspects of health transport in Manitoba.
- To coordinate the operation of the Lifeflight Air Ambulance program.

The expected and actual results of the Branch for 2003/04 include:

1. Develop, distribute and monitor the implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency Medical Response System.
 - An annual review of the Emergency Treatment Guidelines was conducted. There were revisions to 43 Guidelines and the addition of three (3) new guidelines.
 - There were revisions to nine (9) Emergency Treatment Protocols and the addition of one (1) new protocol.
2. Evaluate new practitioners, and continuing evaluation of existing EMS practitioners, to ensure minimum patient care standards are met as required under *The Ambulance Services Act* (The Act) and Regulation.
 - A total of 681 individuals were licenced this past year. There were 73 individuals at the Basic First Aid level, 323 individuals at the Emergency Medical Responder level, 196 at the Emergency Medical Technician (Basic) level, and 89 advanced EMS personnel.
 - There are 283 licenced EMS personnel who are maintaining their licence through the Alternate Route program.
 - There were 1,661 licenced EMS personnel in Manitoba on December 31, 2003.
3. Safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program.
 - Lifeflight transports seriously ill or injured Manitoba Residents who reside outside of an 80 mile radius of Winnipeg and have access to an airport accessible to the Lifeflight jet. In 2003, Lifeflight provided safe transport for 484 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg.
 - Lifeflight also arranges for the air transportation of pre-approved Manitoba Residents to facilities out-of-province when the required care is unavailable in Manitoba. In 2003, Lifeflight arranged for the transport of 65 Manitoba Residents who required medical care not available in Manitoba.
4. Ongoing evaluation of licenced EMS services including vehicles, equipment, and processes used in the delivery of EMS to ensure patient safety as required under the Act and Regulation.

- There are 34 licenced land ambulance providers. There are 94 individual ambulance stations operating 160 ambulance vehicles.
 - There are six (6) licenced air ambulance providers.
5. Access to medical specialists and/or tertiary level hospital care through the Northern Patient Transportation Program (NPTP).
- The day-to-day administration of the NPTP is the responsibility of the RHAs in the eligible areas.
 - In 2003/04 they processed over 16,415 warrants and transported 17,075 persons.

4(j) Emergency Health and Ambulance Services

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	917.8	15.00	899.7	18.1	
Other Expenditures	4,154.9		3,887.0	267.9	
External Agencies	22.5		22.5	0.0	
Total Sub-Appropriation	5,095.2	15.00	4,809.2	286.0	

Provincial Health Programs

This main appropriation provides leadership and direction to the Department's programs and services that provide direct service to Manitobans. These programs and services include Selkirk Mental Health Centre, the Addictions Foundation of Manitoba, the Pharmacare/Provincial Drug Program, the Office of the Chief Medical Officer of Health, Public Health, Cadham Provincial Laboratory, the Office of the Chief Provincial Psychiatrist, Aboriginal Health, northern nursing stations and grant funded non-government organizations.

During 2003/04, the Provincial Health Programs Division worked on various issues such as West Nile Virus, SARS; pandemic flu; environmental tobacco smoke; water quality issues; Internet pharmacy; and Aboriginal issues such as personal care homes on-reserve, mould issues, Island Lake Renal Health Centre, and operation of the northern nursing stations.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	537.3	8.46	477.0	60.3	
Other Expenditures	331.7		283.5	48.2	1
External Agencies	4,794.2		5,036.2	(242.0)	
Total Sub-Appropriation	5,663.2	8.46	5,796.7	(133.5)	

Explanation Number:

1. Miscellaneous operating over-expenditures.

Provincial Drug Programs

The objective(s) of the Branch are:

- To administer programs that provide access to Insured Benefits as prescribed by *The Health Services Insurance Act*, *The Prescription Drugs Cost Assistance Act* and *The Pharmaceutical Act* for the benefit of Manitobans.
- To administer programs to provide funding assistance to persons of all ages who have physical disabilities and require devices in order to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

Annual Report 2003 - 2004

Provincial Drug Programs is responsible for the administration of four (4) distinct and separate drug benefit programs for Manitobans: Manitoba Pharmacare, Employment and Income Assistance participants, residents of personal care homes, and the Palliative Care Drug Access Program. In addition, it administers a program that provides funding assistance for devices to help Manitobans with physical disabilities. Provincial Drug Programs does not include drug expenditures for hospital in-patients.

The expected and actual results of the Branch for 2003/04 include:

1. Manitobans are fully aware of, and receive benefits, to which they are entitled.
 - Created an information resource/help area for Pharmacare clients via the Pharmacare web site, equipped with an interactive Pharmacare Deductible estimator.
 - In addition to information made available on-line and through print publications, health care professionals and members of the public are able to receive direct assistance with their questions about drug benefits and eligibility by telephoning the Provincial Drug Programs.
2. Continuous evaluation of work processes to improve effectiveness and efficiency of the programs.
 - Updates to the Manitoba Formulary are made available by bulletin and, beginning in 2003, by the Manitoba Health web site. Providing the Bulletin electronically improves accessibility to the updates for both health care professionals and beneficiaries.
3. A streamlined drug review process, to reduce costs and/or provide timely access to new medications.
 - The Manitoba Drug Benefits Formulary and the Interchangeability Formulary consist of over 5000 drugs that are listed as benefits under the Provincial Drug Programs. The Manitoba Drug Standards and Therapeutics Committee (MDSTC) makes recommendations to the Minister of Health on drug benefits. The MDSTC bases its recommendations on a review of the drug submissions made by manufacturers as well as all relevant available evidence-based scientific information. The MDSTC is independent of government, and comprised of physicians and pharmacists recommended by the College of Physicians and Surgeons, the Manitoba Pharmaceutical Association, the Manitoba Medical Association and the University of Manitoba.
 - Created a Drug Manufacturer information resource area on the Manitoba Health Web site, and a budget impact template in order to ensure a timely and transparent process for drug submissions to the MDSTC.
 - With the assistance of the MDSTC, in 2003/04, 211 new drugs were added to the Pharmacare benefit list.
 - Participated with provincial and territorial partners towards the development of a common drug review process. Manitoba Health has participated in the development of the permanent Common Drug Review Secretariat and the Canadian Expert Drug Advisory Committee (CEDAC). The CEDAC will be providing common drug listing recommendations to the participating jurisdictions. Provincial Drug Programs will use the recommendations in making benefit-listing recommendations to the Minister of Health. The objectives of the review are to: provide a consistent and rigorous approach to drug reviews and an evidence-based listing recommendation; reduce the duplication of effort by the participating drug plans; and provide participating drug plans equal access to the same high level of evidence and expert advice.

Ancillary Programs

Under Ancillary Programs, Manitoba Health provides financial assistance to individuals requiring prosthetic and orthotic devices, post-mastectomy breast prostheses or surgical brassieres, hearing aids and orthopaedic shoes for children under 18, telecommunication devices for the profoundly deaf or speech impaired, eyeglasses for those 65 years of age and older, artificial eyes, and contact lenses for infants with congenital eye defects.

In 2003/04, Manitoba Health adjudicated approximately 37,400 Ancillary Programs' claims for approximately 50,300 devices, with program expenditures of \$7.7 million.

Palliative Care Drug Access Program

The Palliative Care Drug Access Program (PCDAP) is designed for people at the end stages of a terminal illness, when the focus of care is on comfort. By covering the cost of eligible drugs for use in the home, a major financial burden is removed for the patient and their family.

The PCDAP provides deductible-free coverage through Manitoba Health. Once the application has been processed by Manitoba Health, the costs of all eligible drugs prescribed by a physician are covered. Coverage continues as long as it is required by the patient.

There were 1,058 patients enrolled in the Palliative Care Drug Access Program in 2003/04.

5(b) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,675.7	37.50	1,630.9	44.8	
Other Expenditures	747.4		780.0	(32.6)	
Total Sub-Appropriation	2,423.1	37.50	2,410.9	12.2	

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

The objective(s) of the Office are:

- To administer *The Mental Health Act* and the Orders of Committeeship Program.
- To provide professional consultation to various sectors of the health care system.
- To administer and coordinate the Career Program in Psychiatry.
- To promote the recruitment and retention of psychiatrists for under-served areas in Manitoba.

The expected and actual results of the Office for 2003/04 include:

1. Proper and consistent interpretation and application of *The Mental Health Act* and preservation of patients' rights under *The Mental Health Act*.
 - *The Mental Health Act* and Regulations continued to operate effectively.
 - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
 - Consulted with the Legislative Unit, Manitoba Health and Civil Legal Services, Manitoba Justice, to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.
 - Offered and provided several educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
 - The requirement of *The Mental Health Act* to provide a notice of intent to issue an Order of Committeeship and the right of the person and the person's proxy and nearest relative to submit written objections continued to be well-received.
2. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship, according to the provisions of *The Mental Health Act*.
 - Processed 383 Certificates of Incapacity applying for Orders of Committeeship and issued 365 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
 - Cancelled 26 previous Orders of Committeeship.
 - Issued 60 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and into and out of Manitoba.
 - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

Annual Report 2003 - 2004

3. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
 - Enrolled one (1) University of Manitoba Resident in the Specialty of Psychiatry in the Career Program in Psychiatry and one (1) psychiatrist successfully completed his Period of Enrollment in the Program, with Return of Service commitments in rural Manitoba and in Child and Adolescent Psychiatry respectively.
 - One (1) psychiatrist was recruited to rural Manitoba and one (1) psychiatrist to an area of need in Winnipeg.
 - Provided consultation and advice to several agencies regarding the recruitment and retention of psychiatrists in Manitoba.
4. Provision of professional consultation to various sectors of the health care system.
 - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the legal and statutory implications of *The Mental Health Act*, to clients, stakeholders and various sectors of the health system.
5. Promotion of ongoing consultative liaison with the Regional Health Authorities (RHAs) in Manitoba.
 - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
6. Tracking the Orders of Committeeship Program and the regulated Forms under *The Mental Health Act*.
 - Continued data entry for the new computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
 - Computer databases are targeted to be operational for data analysis within the next fiscal year.
7. Contribution to an important working linkage between the academic community and the Provincial Health Programs Division.
 - The Chief Provincial Psychiatrist maintained an active staff appointment and participation as Assistant Professor with the Department of Psychiatry, Faculty of Medicine, University of Manitoba.
 - The Chief Provincial Psychiatrist actively participated in Continuing Professional Development activities consistent with the requirements of The College of Physicians and Surgeons of Manitoba and The Royal College of Physicians and Surgeons of Canada Maintenance of Certification Program.

5(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	211.4	2.00	174.9	36.5	1
Other Expenditures	55.2		58.6	(3.4)	
Total Sub-Appropriation	266.6	2.00	233.5	33.1	

Explanation Number:

1. The over-expenditure is primarily due to unachieved staffing vacancy allowances.

Aboriginal Health

The Aboriginal Health Branch (AHB) is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, programs, initiatives and services for the Aboriginal community. The AHB recognizes and promotes the cultural diversity among the First Nation, Métis and Inuit populations in Manitoba. The Branch works in collaboration with staff within Manitoba Health; with other provincial jurisdictions; Aboriginal political territorial organizations; and the Federal government to meet that mandate.

The Objectives of the Branch are:

- To develop, implement, monitor and evaluate strategic health initiatives and programs to improve health outcomes for Aboriginal people.
- To act as a key resource to all Branches within Manitoba Health in the planning and implementation of policy, programs and services that impact on Aboriginal health.
- To collaborate and act as a liaison with other federal/provincial government departments, political organizations, Tribal Councils, Regional Health Authorities (RHAs) and community organizations to improve health outcomes for Aboriginal people.

The expected and actual results of the Branch for 2003/04 include:

1. Development of culturally relevant policies and strategies to improve health outcomes for Aboriginal people.
 - Led the development of the Aboriginal Strategy on HIV/AIDS in Manitoba.
 - Provided relevant information to RHAs on First Nation and Métis populations for use in service delivery and program development.
 - Facilitated and participated in the process to conduct on-reserve personal care homes infrastructure, standard and resident assessments to determine eligibility for provincial licensing.
 - Participated in various working groups that impact on the health of Aboriginal people on and off-reserve.
2. Development and implementation of provincial programs that impact on Aboriginal health based on best practices, standards and research.
 - Reviewed various policies and guidelines that impact on Aboriginal health ensuring they are culturally relevant.
 - Participated in various working groups that impact on Aboriginal health directly or indirectly.
 - Provided information regarding Aboriginal culture, beliefs and practices.
3. Improved accountability between Manitoba Health and RHAs.
 - Reviewed and provided feedback to the RHAs related to the Performance Agreements-Aboriginal Health Deliverable.
 - Provided information to the RHAs on approaches, protocol and timeframes to engage the Aboriginal population as well as other key stakeholders.
 - Facilitated meetings between Manitoba Health, RHAs, the federal government and Aboriginal groups.
4. Continuously improving RHA services and approaches.
 - Facilitated forums and meetings between First Nations and RHAs to discuss how to improve health outcomes for First Nations.
 - Participated in meetings, and round table discussions regarding service delivery to the Aboriginal population.
 - Provided relevant information to RHAs on the distinct and unique needs of the Aboriginal population based on geography and cultural groups in the province.
 - Provided relevant information to First Nations and Métis regarding the RHAs within their respective communities.
5. Linked performance indicators tracked across RHAs that reflect expected outcomes.
 - Provided feedback and information during the community health planning process.
 - Reviewed health plans from all RHAs to ensure programs and services are culturally appropriate.
 - Participated and contributed in discussions involving research conducted in the Aboriginal population. (e.g., Manitoba Centre for Health Policy)
6. Enhanced decision-making for better health care management planning.
 - Provided relevant health and health related information regarding First Nation, Non-status, Métis and Inuit populations to inform on program and policy development.
 - Participated in various internal and external working groups that impact on Aboriginal health issues.

Annual Report 2003 - 2004

- Engaged various stakeholders on health and related issues to ensure the determinants of health are addressed.
7. Combat the trend of federal off-loading activities.
- Participated and facilitated discussion in various working groups to ensure federal involvement and the co-ordination of health services and programs that impact on the Aboriginal population.

Highlight(s)

What are they? What are we doing? What do they mean to Manitobans?

Romanow Joint Working Group

The AHB participates in the Romanow Joint Working Group (RJWG) that was established to discuss and address First Nation health issues. Other representatives include other Provincial Departments, First Nations and the Federal Government. The objectives of the RJWG are to develop recommendations to Federal and Provincial Ministers and Manitoba Grand Chiefs on better health outcomes for Manitoba First Nations' peoples and explore common decision making processes. A joint document will be produced to include identification of policy alternatives, guiding principles, specific objectives, desired outcomes, and development of an implementation plan.

Interim Renal Health & Treatment Unit

Since the March 17, 2003 announcement, a federal nursing station in Garden Hill First Nation has been newly constructed and is juxtaposed to the Interim Renal Health and Treatment Unit. This unit is the first dialysis unit outside a hospital in Manitoba and is the first unit in an isolated and remote community. The unit is expected to be ready in the fall of 2004 once operational plans are finalized.

Northern and Aboriginal Population Health and Wellness Institute

The Branch supports the development of the Northern and Aboriginal Population Health and Wellness Institute (NAPHWI) to address the high burden of illness and risk factors in Aboriginal people living in Northern Manitoba that are associated with geography, access issues and fragmentation of service delivery related to jurisdictional barriers. Manitoba Keewatinowik Okimakanak (MKO) and Burntwood RHA are taking the lead in working with 62 multi-jurisdictional stakeholders.

The NAPHWI was approved for funding by the federal government under the Primary Health Care Transition Fund-Aboriginal Health Envelope and a Memorandum of Understanding is in development for all stakeholders to sign, including the Minister of Health.

5(d) Aboriginal health

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	459.9	8.37	549.9	(90.0)	1
Other Expenditures	180.6		306.6	(126.0)	2
Total Sub-Appropriation	640.5	8.37	856.5	(216.0)	

Explanation Number:

1. The under-expenditure is primarily due to vacant positions.
2. Miscellaneous operating under-expenditures.

Public Health and Epidemiology

The Public Health Branch's overall goal is to provide a coordinated and integrated public health leadership and service capacity for key public health programs. The objectives of these programs are to provide a focus for major areas of health promotion, and specifically for the prevention and control of diseases that affect populations. Our efforts are also aimed to assist Government, the community, as well as health and public health practitioners, in the planning and response to public health issues.

The objective(s) of the Branch are:

- To provide leadership and coordination of public health programs.
- To prevent and control disease and promote the health of Manitobans, through the provision of leadership to detect, assess, and address important and emerging public health issues.
- To promote, support, and facilitate the prevention and control of communicable diseases.
- To promote, support, and facilitate the prevention and control of diabetes and other preventable chronic diseases.
- To provide expertise and technical support, standards, policy and program development, evaluation and monitoring to clients, to reduce the projected rate of increase of incidence and prevalence of diabetes and its complications, and other preventable chronic diseases.
- To provide a scientific basis for the prevention and control of disease, and the promotion of the health of Manitobans, through the application of epidemiologic research and methods.
- Through partnership with other departments, agencies and governments, to identify, monitor, and reduce the impact of environmental health threats to Manitobans, of food, water and air, along with oral health promotion and tobacco reduction.

The expected and actual results of the Branch for 2003/04 include:

1. Improved surveillance and analysis of public health threats.
 - Developed weekly influenza surveillance data, posted to the Manitoba Health Public Health web site.
 - Outbreak surveillance and epidemiological expertise were provided in relation to the following:
 - Winnipeg Hepatitis A outbreak.
 - Winnipeg Syphilis outbreak.
 - West Nile virus human surveillance.
 - Hepatitis C outbreak in rural Manitoba.
 - Multiple influenza personal care home outbreaks.
 - Norovirus outbreaks in health care facilities.
 - Production of monthly reports on the occurrence of reportable communicable diseases in Manitoba.
 - Production of a semi-annual surveillance report.
 - Renewal of the surveillance agreement for STDs/HIV with Health Canada and Manitoba Health.
 - Produced new surveillance and epidemiological information for inclusion in the *Aboriginal Strategy on HIV/AIDS*.
 - Enhanced quality assurance processes that support and assure the integrity of the provincial surveillance data information.
2. Effective and efficient public health programs and practices in Manitoba.
 - Continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program, in partnership with the Regional Health Authorities (RHAs) and other stakeholders. The Regional Diabetes Program is an enhancement of the community-based Diabetes Education Resource Program and will integrate education into the continuum of diabetes prevention, care, research and support. This initiative is being developed as a public health response to 29 of the 53 recommendations in *Diabetes: A Manitoba Strategy*.
3. Optimal coordination of inter-jurisdictional public health issues, policies and outbreak response.
 - Participated in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases including Sexually Transmitted Infections (STIs), HIV/AIDS, salmonella, meningococcal diseases, rabies and others.
 - In the spring of 2003, Manitoba Health partnered with Manitoba Justice, Central RHA, Brandon RHA and North Eastman RHA, to establish a STI Public Health pilot program in Headingley Correctional Centre, Portage Women's Correctional Centre, Agassiz Youth Correctional Centre and Brandon Correctional Centre.
 - Participated in discussions with other departments on the development of a healthy living framework to integrate policies, programs and services in support of healthy living choices, opportunities and actions.

Annual Report 2003 - 2004

- Influenza Pandemic/Influenza Contingency Planning and Preparedness - A checklist for consideration by regions in the development of their contingency plans to manage increased influenza cases during the 2003/04 season was developed and circulated to RHAs. This checklist included a comprehensive listing of a range of factors that could be considered during the planning stages when preparing for increased influenza cases in a region, including a pandemic event.
 - A first ever evaluation of the Influenza Media Campaign was undertaken for the 2003/04 influenza season. The results are pending.
4. Productive collaborations created among Manitoba Health, other Government Departments, the University of Manitoba, RHAs, and other organizations, for effective teaching, training and research.
- Provided financial sponsorship and in-kind support to the Canadian Diabetes Association (Manitoba/Nunavut region) for an Aboriginal Program Coordinator position, Camp Briardale and development of *In The Know* (a communication tool for health professionals/providers in Manitoba).
 - Participated in diabetes and population health undergraduate and postgraduate medical education for Community and Family Medicine, University of Manitoba.
 - Continued work on the multi-level diabetes education program framework through consultation with colleges and universities regarding implementation within the education system and development of learning outcomes for basic and intermediate levels.
 - Consulted with the Physical Activity Coalition of Manitoba, which includes representatives from community organizations, government, educational institutions, professional associations and the private sector. Its mission is to work together to promote physical activity and educate Manitobans on how to become more active.
5. Application of public health research related to public health threats, action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
- Participated in the National Diabetes Surveillance System, through a partnership initiative with Health Canada, to provide aggregate provincial data for the purposes of national diabetes data analysis and surveillance.
 - Participated in assessment, planning and implementation of an innovative and sustainable Chronic Disease Management Infrastructure through the Western Health Information Collaborative.
6. Decreased incidence of communicable and chronic diseases, foodborne illnesses, tobacco consumption, and dental/oral diseases.

Communicable Diseases:

- Numerous initiatives were undertaken, in the roll-out of the Provincial STD Strategy, including:
 - In cooperation with the Aboriginal Branch, the first draft document on the Aboriginal AIDS Strategy was produced.
 - In cooperation with the community, a harm reduction discussion paper was produced and a provincial meeting convened to begin formulating a harm reduction action plan.
 - In March 2003, a full-time Northern STI Project Coordinator was recruited to design, plan, and implement an intensive STI Assessment Project in Burntwood RHA for 6 months. The results of this assessment indicated that a STI Coordinator was needed to effectively address the increasing rates of STIs in the north. On December 1, 2003 the Minister of Healthy Living announced that Burntwood RHA would receive additional funding support to hire an STI Coordinator.
 - Manitoba Health supported the Swan Lake First Nation Youth Camp - July 2003. This camp addressed HIV/AIDS, healthy sexuality and self-esteem building.
 - Manitoba Health initiated decentralization of the first stage of STD contact tracing with RHAs and partnered with First Nations and Inuit Health Branch (FNIHB) on a decentralization pilot project for the management of STDs in the north.

- In partnership with youth serving agencies, the WRHA, and Burntwood RHA, Manitoba Health contracted with Teen Talk to design and implement a focused social marketing pilot project. The purpose is to reduce the incidence of STI in Manitoba focussing on inner-city Winnipeg and Burntwood youth, and to provide provincial leadership to the RHAs. Teen Talk conducted a consultative process with Manitoba youth via a Youth Forum in October 2003. The report has been received and the results will be used in the implementation of the Provincial STD Strategy.
- Manitoba Health supported the Nor-Man AIDS Working Group. This funding supported the Play it Safer Conference in September 2003, community initiatives that support the HIV and STD Strategy and prevention and educational initiatives throughout 2004.
- Manitoba Health provided Platinum sponsorship to the HIV/AIDS in Care conference in November 2003. The conference was coordinated jointly with St. Boniface Hospital and Health Sciences Centre.
- Manitoba Health provided a scholarship for HIV/AIDS frontline workers and those having HIV/AIDS to attend the Canadian AIDS Society skill building symposium in November 2003.
- In August 2003 Cadham Provincial Laboratory (CPL) began accepting male urine specimens collected by Public Health practitioners for the diagnoses of chlamydia and gonorrhea. Provincial roll-out of this program to all health practitioners began January 3, 2004.
- Manitoba Health is currently working with the RHAs and community stakeholders to expand HIV testing options to include nominal and anonymous testing.
- Manitoba Health has negotiated performance deliverables with each RHA around STD/HIV control within their regions.
- In partnership with the Sanatorium Board of Manitoba, First Nations and Inuit Health Branch and the University of Manitoba, Department of Medicine, participated in the review of the Provincial Tuberculosis Control Program, and selected a new Medical Director for the Tuberculosis Control Program effective March 1, 2004.
- Provided co-ordination, leadership and support during SARS outbreak, through protocol development, public health practice involvement and communications.
- Provided leadership and co-ordination for Manitoba Health in annual influenza and pandemic influenza planning and co-ordination and communication.
- Research activities included participation with Health Canada on the phase IV of the Street Youth Study.
- Teaching of Communicable Disease Control and infectious diseases to Medical students in all years.
- Improved communication about emerging health issues to the public, through use of Health Links, for vaccine programs (pneumococcal) and emerging issues (influenza).

Environmental Health threats:

- Completed 13 out of 14 "Living with Livestock" Fact Sheets that help address some of the public concerns with livestock production. These fact sheets are on the Manitoba Agriculture and Food and Rural Initiatives (MAFRI) web site and the 14th fact sheet on Phosphorous as a pollutant is in final draft.
- Contributed to *The Drinking Water Safety Act* and a re-draft of the Swimming Pool Regulation.
- Collaborated with Manitoba Water Stewardship and provided health advice in the development of *The Water Protection Act*.
- Collaborated with Manitoba Agriculture, Food and Rural Initiatives and provided health advice for new regulations being written to control intensive livestock operations with particular emphasis on manure management.
- Provided advice with respect to the use and human health risk of pesticides with particular emphasis on cosmetic lawn applications.
- Monitored, in cooperation with Manitoba Conservation, the air quality in Flin Flon with particular emphasis on particulate matter, sulphur dioxide and arsenic.
- Cooperated with Health Capital Planning Branch to initiate a sweeping review of Manitoba health care facilities biomedical waste handling policies and procedures.
- Cooperated with Manitoba Conservation in a year long study of the ambient air quality in the Transcona area.
- Participated on the technical advisory board for the floodway expansion project.

Annual Report 2003 - 2004

Food Protection:

- In 2003/04 there were 85 food recalls and 35 allergy alerts which were sent out to public health officials across the province. These recalls and alerts affected food products that were sold or distributed in Manitoba.
- Approximately 350 food handlers were certified outside the City of Winnipeg in partnership with provincial Public Health Inspectors and community college partners.
- Provincial slaughterhouses increased production of beef slaughter from approximately 10,000 beef cattle the previous fiscal year to 19,000 cattle. This was due to the case of BSE in a Canadian cow in Alberta which closed the US border to Canadian cattle.
- Manitoba's participation in a national harmonized food inspection system is ongoing.

Dental/oral diseases:

- Two (2) new community water fluoridation systems were installed and became operational. The Community Water Fluoridation Program is funded by Manitoba Health and facilitated by department staff. In 2003/04, 86 communities were fluoridating their water systems representing approximately 95% of the population on a public water supply system. Community Water Fluoridation has been proven to protect against tooth decay and is recognized as the most effective mechanism to deliver the fluoride ion. The program is community based and operated with Manitoba Health providing ongoing surveillance, monitoring and support. Water fluoridation has been proven to reduce dental decay by up to 60% for some age groups.
 - Four (4) community based pilot oral health promotion programs were advanced clearly establishing the capacity of the communities to operationalize their own programs; evaluatory mechanisms were designed and will be moved forward upon receipt of funding. New resources were developed and trialed in the four (4) communities. This project is an extension of the Happy Child Healthy Smile project and is supported by multiple partners both within and outside of government.
 - Manitoba Health partnered with the Faculty of Dentistry, the Manitoba Dental Association and others to establish recommendations to improve access to dental care for all Manitobans. These recommendations are to be presented to the Ministers of Health and Family Services & Housing in 2004.
 - Manitoba Health sent a representative to the negotiations for the establishment of a Canadian Oral Health Strategy and continues to monitor the development of this strategy.
 - Manitoba Health is facilitating a process to review the dental legislation currently in place in Manitoba with the intention of developing an *Omnibus Dental Act* that would regulate all six (6) dental professional groups.
 - Partnerships with Healthy Child Manitoba and multiple other child agencies established the necessary linkages to move forward with the implementation of policies that will see an optimization of the dental/oral health of Manitoba children as part of a healthy lifestyle choice. Mechanisms to measure the changes are under development.
7. Improvements in immunization levels, with up-to-date and comprehensive vaccine programs, and a reduction in vaccine-preventable diseases.
- Increased administration of vaccines, 2003/04 vs 2002/03.
 - Pneumococcal polysaccharide vaccine usage increased by over 250% from approximately 20,000 doses/year to 55,000 doses given.
 - Influenza virus vaccine usage increased from approximately 225,000 doses administered to 285,000 doses given.
 - New vaccines introduced.
 - New conjugate pneumococcal and meningococcal vaccines and varicella vaccines were introduced for high risk individuals.
 - An acellular booster for pertussis vaccine (Tdap) was introduced for adolescents.
 - Immunization Registry - The Manitoba Immunization Monitoring System (MIMS) which is a data repository of immunization records, underwent a number of improvements. A quality audit of public health information showed excellent accuracy of information provided by RHAs. Education and training of MIMS users was enhanced. A Steering Committee lead many management improvements. Information was generated for the production of coverage rate reports in 2004/05.

- New Policies and Protocols - A number of new protocols were developed and circulated to stakeholders, including a vaccine cold chain protocol, informed consent and vaccine-associated adverse event reporting protocols.
 - National Immunization Strategy (NIS).
 - Successful completion of the NIS with Manitoba Health staff participation in multiple working groups and the co-directorship of the NIS.
 - The NIS was signed off by the Conference of Deputy Ministers in June, 2003.
 - Participated in the inaugural meeting of the Canadian Immunization Committee in November 2003.
8. Reduction in the incidence of dental caries particularly in children.
- Early childhood caries (tooth decay or ECC) remains a problem for 20% of Manitoba children. Manitoba Health is participating in efforts to resolve this preventable problem. To resolve the problems of pediatric dental surgery waiting lists which results from ECC, Manitoba Health co-operated in the establishment of additional surgical repatriation options in North Eastman and additionally supported the establishment of a project in Norway House. In 2003/04 Manitoba Health was involved in the funding of in excess of 2000 pediatric anesthesia's province-wide for the purpose of dental surgery. Co-operative efforts will see the establishment of additional community projects addressing ECC. Efforts to collect baseline data for ECC and other dental conditions in the future will then see the establishment of evaluatory mechanisms to monitor the progress towards reducing decay not only for children but for all Manitobans.
9. Non-Smoking Strategies
- Implementation of the Provincial Tobacco Control Strategy announced in January 2002 by the Minister of Health is progressing well. Details of the Strategy can be obtained by phoning 788-6735 and requesting a copy. Highlights of the Strategy for 2003/04 pertaining to this outcome include:
 - Introduction of Bill 21 on March 2, 2004, to prohibit smoking in all enclosed public and indoor workplaces where the province has clear jurisdiction, effective October 1, 2004.
 - Increasing the number of schools running the teen smoking cessation program NOT (not on tobacco) to 71 and increasing the number of facilitators trained to run the program to 124.
 - Meeting of the Youth Advisory Committee January 9-11, 2004 to provide advice on mass media strategy.
 - Initiation of the Tobacco Learning Resource project to develop school-based tobacco use prevention resources for teachers.
 - Continuation of mass media efforts through re-running the *Brain* and *Aorta* TV commercials during March 2004, aimed at preventing youth from starting to smoke and motivating smokers to quit.
 - Tobacco Enforcement Officers continue to enforce provisions in *The Non-Smokers Health Protection Act* prohibiting the sale of tobacco products to minors. In 2003/04, 672 retailers were checked for compliance, 29 were issued tickets for selling tobacco to a minor, 40 warnings were issued and 6 (six) charges were laid under the federal *Tobacco Act* for selling single cigarettes. Also, 443 tobacco inspections were conducted which included that number of Retailer Toolkits being delivered. Based on these statistics (2004), 90 % of Manitoba retailers are complying with the law. Crimestoppers provided commercial time to promote the enforcement program and advise the public of the requirements of the law.
10. Improve quality and continuity of care to ensure control of diabetes complications and modifiable risk factors for chronic diseases.
- Completed year two (2) of the Manitoba Diabetes Care Project, a three (3)-year research project using province-wide administrative claims data to evaluate the impact of the Manitoba Diabetes Care Recommendations on the practice patterns of primary care physicians in the province.
 - Implemented the Risk Factor & Complication Assessment Train-the-Trainer program (previously known as the Complication Risk Factor Assessment Master Trainer).

Annual Report 2003 - 2004

- Completed a pilot for the Risk Factor and Complication Assessment Train-the-Trainer Kit and workshops in Parkland RHA. An evaluation report was written to document the process and learnings from the pilot.
 - Facilitated the Risk Factor and Complication Assessment Advisory Committee.
 - Collaborated with the Canadian National Institute for the Blind on the development of a client resource listing for the complications of diabetes.
 - Trained regional trainer teams (nurse, dietitian, and physician) to provide risk factor and complication assessment training to health providers within their region.
11. Improve access to integrated, coordinated quality services through the most appropriate provider for diabetes and chronic diseases prevention, education, care, research and support.
- Coordinated the annual three-day Diabetes Education Network Workshop for over 300 health professionals and providers from Manitoba and NW Ontario.
 - Supported and provided leadership for implementation of the Regional Diabetes Program in each RHA.
 - Coordinated quarterly meetings of the Regional Diabetes Program Steering Committee.
 - Provided feedback to RHAs regarding three-year Regional Diabetes Program Implementation Plans, as part of the Performance Agreement process.
 - Supported and facilitated the development of a funding proposal for the Chronic Disease Prevention Initiative (CDPI) for a five-year demonstration project based on the prevention of chronic disease and its common risk factors, in partnership with the Alliance for the Prevention of Chronic Diseases, eight (8) RHAs, Culture, Heritage & Tourism and Health Canada.
12. Blood Programs (formerly: Blood Services)
- Blood Programs provides funding for the provision of safe, reliable, cost-effective, high-quality, and free transfusion of blood and blood product services to patients of medical practitioners and hospitals in the province of Manitoba.
 - The program provides collaborative leadership of the provincial blood system with key stakeholders (Regional Health Authorities, Canadian Blood Services, College of Physicians & Surgeons of Manitoba, Health Canada, and Federal/Provincial/Territorial representatives) to facilitate effective and efficient utilization management of blood products and services. Key initiatives include development of Adverse Events Reporting System (AERS); implementation of Quality Assurance initiatives including education, monitoring and evaluation; and to serve as an information resource to Manitobans.
 - The program provides provincial representation to a provincial/territorial blood liaison committee with Canadian Blood Services (CBS) to oversee CBS's annual operating budget and business plan, to ensure that the original guiding principles establishing CBS's creation are maintained.
 - The program is responsible for the development and management of a Hepatitis C Assistance Program in Manitoba (MHCAP) for individuals who became infected with hepatitis C after receiving blood or blood products before January 1, 1986 or between July 1, 1990 and September 28, 1998.

5(e)(1) Public Health and Epidemiology

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,255.4	34.45	2,357.4	(102.0)	
Other Expenditures	3,618.1		3,524.4	93.7	
Vaccines	6,525.6		7,107.6	(582.0)	
External Agencies	245.5		301.8	(56.3)	1
Total Sub-Appropriation	12,644.6	34.45	13,291.2	(646.6)	

Explanation Number:

1. Miscellaneous under-expenditures.

PUBLIC HEALTH - Cadham Provincial Laboratory Services (CPL)

The Objective(s) of CPL are:

- To serve as a public health reference and applied research facility, which is committed to excellence in the preservation of the wellness of Manitobans, by preventing, detecting and monitoring emerging threats to human health.

The expected and actual results of the CPL for 2003/04 include:

1. Through enhanced testing and alternatives, increased detection of Sexually Transmitted Infections (STIs) in high-risk populations in Manitoba.
 - Established working groups to broaden alternatives for HIV testing.
 - Introduced province-wide male urine testing for chlamydia and gonorrhea.
 - Broadened reflex testing for other STIs.
 - Overall increased testing and detection of STIs, as an example 42% more gonorrhea detections in 15% more specimens.
2. Enhanced detection of viral meningitis/encephalitis.
 - Introduced NASBA testing for enterovirus meningitis.
 - Introduced West Nile Virus testing with a 48-hour reporting time.
 - Increased surveillance capacity to detect West Nile Virus or Western Equine Encephalitis in sentinel chicken flocks.
3. Enhanced surveillance of infectious diseases to aid in outbreak identification and prevention.
 - Conducted, with the Winnipeg Regional Health Authority and the Communicable Disease Control Unit (Public Health Branch) a case control study to identify the source of a presumed foodborne Hepatitis A outbreak.
 - Participated in an increased number of outbreak investigations.
 - Reconfigured molecular database of Manitoba pathogens to be consistent with international typing standards.
 - Introduced SARS testing.
 - Expanded syphilis testing to address the current Winnipeg syphilis outbreak.
 - Participated in influenza and respiratory syncytial virus active surveillance programs.
4. Improved/increased screening and testing for bacteria which are antibiotic resistant, toxin producing or that cause food poisoning.
 - Conducted an increased amount of screening, thereby detecting up to 78% more hospital and community-acquired antibiotic resistant organisms.
 - Continued screening for ESBL resistant organisms at long-term care facilities.
 - Established policy with other laboratories to have appropriate specimens sent to CPL for rapid testing for hamburger disease.
5. Effective provincial bioterrorism response to hazardous biological agents.
 - Established formal on-call biohazard response team in partnership with the National Microbiology Laboratory.
 - Successfully competed for federal funding to acquire real-time detection equipment that can be used to rule out biohazardous agents such as anthrax.
 - Completed a Provincial Inventory of Biohazards.
 - Responded to ongoing biohazardous threats.
6. Improve overall public health laboratory use.
 - Updated Cadham Provincial Laboratory Guide to Services.
 - Finalized a client services questionnaire.
 - Partnered with Regional and Provincial Public Health pilot initiative to automate referral of identified communicable disease.
 - Established with Communicable Disease Control Unit a surveillance unit group to address system issues in public health.

Annual Report 2003 - 2004

- Established links to national and local laboratory groups with common interests in public health and safety.
 - Implemented a modern blood culture system.
7. Provide provincial proficiency testing and proficiency consultation.
- Provided an autoclave proficiency-testing program for tattoo parlors and piercing salons.
 - Provided and reported on rapid kit proficiency testing for mononucleosis, strep. throat and pregnancy to 73 laboratories in Manitoba.
 - Steered microbiological proficiency testing on behalf of the College of Physicians and Surgeons of Manitoba.
 - Consulted on and coordinated the roll out of safe transport of infectious specimens.
8. Conduct enhanced screening programs targeted at preventing communicable disease.
- Expanded genetic screening to at risk population in Manitoba and adjacent territories.
 - Expanded maternal screening to include detection of additional fetal genetic diseases.
 - Re-engineered the entire pesticide screening program to attain cutting edge capability.
 - Evaluated a new rapid method for detecting and thus preventing spread of viral disease amongst chemotherapy patients.
9. Additional public health outcomes through research, external grant funding and extensive collaboration.
- Devoted over 187 hours teaching trainees in a variety of public health/infection control related disciplines.
 - Published or presented over 22 scientific studies relating to public health applied research.
 - Obtained over \$530.0 in external funding to perform public health research and other studies.

5(e)(2) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	4,953.1	88.28	4,417.4	535.7	
Other Expenditures	4,210.3		3,976.5	233.8	
Total Sub-Appropriation	9,163.4	88.28	8,393.9	769.5	

Office of the Chief Medical Officer of Health

The Office of the Chief Medical Officer of Health (OCMOH) is responsible for developing policy and standards for public health practice and to discharge, in conjunction with the Public Health Branch and the Regional Health Authorities, the Department's responsibilities for public health programs and services, including those outlined in *The Public Health Act*. This Office assists in the development and advocacy for healthy public policy.

The OCMOH is responsible for the professional direction and support of a team of regional Medical Officers of Health (MOH). The MOHs work as members of regional public health teams to assure that public health programs and services are delivered across the Province in a consistent fashion. The MOH team has input to provincial healthy public policy development through the Office of the Chief Medical Officer of Health.

The objective(s) of the OCMOH are:

- To assess the health status of and public health threats to Manitobans.
- To assure appropriate standards of public health practice in the monitoring, evaluation, and response to health issues.
- To advocate for the preservation and improvement of the health of Manitobans.
- To assist individuals, families, communities, organizations and governments to improve, protect and promote the health of Manitobans.

The expected and actual results of the OCMOH for 2003/04 include:

1. Manitobans have improved health and decreased preventable diseases and injuries.
 - Submission to the All Party Task Force on Environmental Tobacco Smoke.
 - Participation in departmental planning regarding healthy living strategies including injury prevention, chronic disease prevention and the promotion of health.
 - Participated in *The Public Health Act* review process.
 - Led the West Nile Virus prevention and control program.
 - Participated in the planning of a National Public Health Network.
2. Reduced disparities of health status for Manitobans.
 - Enhanced collaboration with First Nations and Inuit Health Branch, Health Canada, in the delivery of public health programs and services.
 - Investigated and provided consultation advice regarding mould concerns in several First Nation Communities.
3. Performance measures identified in key areas.
 - Participated in strategic planning with public health partners: federal, provincial and regional to develop goals and objectives for public health.
 - Played a leading role in the analysis and communication of health status indicators.
4. Reports on the health of Manitobans prepared and distributed.
 - Continued work on the Sustainable Development Indicator Report which will report on high level population health indicators to be monitored over time as part of the government wide Sustainable Development Initiative.
 - Supported the preparation and presentation of a Provincial Injury Report.
 - Participated in the Community Health Assessment process both regionally and provincially.
5. Adequate and appropriate human and other resources to enable the Office to maintain services at the provincial and regional levels.
 - Increased support for managing critical issues: a critical issues coordinator and an administrative support staff were hired.
 - Increased capacity for response to West Nile virus and other emerging issues, including a provincial coordinator, several regional coordinators and an administrative support person. A provincial epidemiologist is on contract and contracts were put in place during the summer for bird pick up, mosquito testing, mapping, larval sampling and larvaciding staff.
 - A Medical Officer of Health for Water and emerging environmental issues was recruited.
 - Recruitment is underway for the two (2) northern Medical Officer of Health positions.
 - Ongoing support of the provincial Medical Officer of Health team and the 24 hour MOH on call system.
6. Population health promotion strategies are based on the best available evidence.
 - Participated with Health Canada, the University of Winnipeg and the University of Manitoba in a study to evaluate the risk factors for infection with West Nile virus in Manitoba.
 - Participated in the development of evidence-based national strategies for population health promotion.
7. Appropriate identification and response to emerging public health issues.
 - Participating in the development of a Provincial Public Health Emergency Preparedness Plan, which includes planning for pandemic influenza, SARS, small pox and other public health emergencies. A critical issues coordinator was hired to assist in this planning.
 - Developed and implemented the West Nile Virus Response Plan in the summer of 2003. Evidence-based evaluation of the summer of 2003 and a response plan for 2004 has been established.
 - Provided a leadership role in the response to SARS and Avian influenza in the spring of 2003.
 - Provided a leadership role in collaboration with Manitoba Conservation in response to the identification of abnormal levels of E.coli and blue green algae in Lake Winnipeg in the summer of

Annual Report 2003 - 2004

2003 and participated in the evaluation of these findings and the development of strategies for monitoring in 2004.

- Supported the establishment of the Office of Drinking Water and the new *Drinking Water Safety Act*.
8. Population health promotion strategies are implemented at the provincial and regional levels.
- Provided a leadership role in ongoing development of a provincial healthy living strategy.

5(f) Office of the Chief Medical Officer of Health

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,229.2	23.50	2,574.3	(345.1)	
Other Expenditures	2,073.8		2,933.8	(860.0)	1
Total Sub-Appropriation	4,303.0	23.50	5,508.1	(1,205.1)	

Explanation Number:

1. The under-expenditure is primarily due to lower than estimated West Nile Virus expenditures, and decrease in Professional Services costs.

Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide long-term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met by other services.

The Centre has a formal agreement with the government of Nunavut, to provide inpatient services to residents of Nunavut experiencing acute mental illness.

The objective(s) of the SMHC are:

- To deliver quality, compassionate, respectful and cost-effective inpatient mental health services to persons whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system. The services are delivered in a patient-centred approach that promotes patient recovery through clinical excellence, cultural competence, community partnerships and family involvement.

Patient services are available at SMHC in four (4) specialized inpatient treatment programs:

- Short Term Treatment and Rehabilitation Program (43 beds).
- Psychosocial Rehabilitation Program [86 beds and eight (8) community residence beds].
- Extended Treatment and Rehabilitation Program (115 beds).
- Forensic Rehabilitation Program (18 beds).

Treatment services in all programs are provided by multi-discipline treatment teams, consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, activity instructors, nurses registered with their appropriate College, psychiatric nursing assistants, recreational therapists, pharmacists, the Chaplain, the Dietitian, the Aboriginal Elder and Aboriginal Friendship Workers. The Centre receives support through Volunteers assigned to specific patient program areas and needs.

The expected and actual results of the SMHC for 2003/04 include:

1. To ensure that patients and families are satisfied with services at SMHC.
 - 2003 Patient Satisfaction Survey April 7, 2003.
Response Rate - 92/232 (39.6%) of patients completed the survey. Sixty (60) percent were male, 32% female and 8% did not indicate their gender. Summary of results:
 - Satisfied overall with the services provided - 76%.
 - Treated with dignity & respect by staff - 64%.
 - Aware of the Patients Rights and Responsibilities document - 43%.
 - Informed about their rights - 55%.

- Aware of/visit Self Help Group services at SMHC- 40%.
 - Involved in own treatment planning - 49%.
 - 2003 Family Satisfaction Survey January 2003.
Response Rate – 97/199 (48.7%) of family members completed the survey. Summary of results:
 - Feel welcomed by staff - 88.5%.
 - Feel comfortable contacting staff - 83.9%.
 - Perceive that staff listen to their concerns - 85.7%.
 - Perceive that staff treat them with respect - 89.8%.
 - Perceive that staff treat their family member with respect - 82.8%.
 - Involved in the future care of family member - 39.7%.
 - Receive enough information about their family member's illness - 41.9%.
 - Receive enough information about their family member's treatment plan and progress - 43.2%.
 - Enhance Complaints Process for Patients, Family Members, Visitors and Staff August 2003.
 - Suggestion/Complaint /Compliment April 1, 2003 to January 31, 2004 Results:
 - 360 suggestion/complaints received. Feedback (response to suggestions & complaints from team leaders) - 86.38%.
 - 12 compliments received.
 - Improve Self-Help Linkages within SMHC.
 - A Bulletin (newsletter) article introduced the Self-Help Workers at SMHC (including pictures of workers) and explained the services provided - March/April 2003, Vol.9, Issue 3.
 - Manitoba Schizophrenia Society Inc. hours were increased to three (3) full days per week.
 - Services provided to patients and their families - report to be included in 2003/04 Continuous Improvement Report.
2. To ensure that patients receive spiritually/culturally sensitive programming.
- Expanded Aboriginal Services.
 - An Aboriginal Advisory Committee is being created.
 - A Female Aboriginal Spiritual Care Advisor is being recruited.
 - An Aboriginal Service Coordinator is being recruited.
 - Staff who participated in "Cultural Diversity" educational sessions - 23.
 - Staff who participated in "Communicating with Aboriginal People" educational session - 9.
 - Staff who participated in "Aboriginal Cultural Teachings" educational session - 49.
3. To ensure effective management of Selkirk Mental Health Centre.
- Canadian Council on Health Services Accreditation Survey Follow Up.
 - 2002 Survey received six (6) recommendations requiring action within one (1) year. The recommendations were responded to by November 25, 2003. In January 2004 CCHSA confirmed that the Selkirk Mental Health Centre had met the requirement for full Accreditation status.
4. To promote a healthy workplace through developmental activities.
- SMHC's Annual Health Fair was held May 6 & 8, 2003; the event was open to the public.
 - The "Walk-to-Win" activity was held June 15 to August 15, 2003; a total of 206 patients and staff walked 9,397 kilometers.
 - Mental Illness Awareness Week - events held with community partners - October 6-10, 2003.
 - Plans for No Smoking in all buildings to be implemented April 1, 2004.
 - Smoking cessation programs are available to patients and staff.
 - A Healthy Workplace Task Group has been established.
5. To promote knowledge development through completed Research Projects.
- Clozaril Database: A Retrospective Review - Completed July 2003.
Principal Investigators: Dr. J. Kettler, Dr. R. Graham, Dr. P. Barchet, Dr. Teillet, Dr. S. Holm.
 - Findings were presented at the Annual Meeting of the Canadian Psychiatric Association in October 2003.
 - MB Telehealth Project Infotelmed Communication - Completed April 30, 2003.
 - Part 1: Evaluation of the MB Telehealth Project.

Annual Report 2003 - 2004

Principal Investigator: Dr. Ray Postuma, Medical Director MB Telehealth.

Centre Contact: Dr. J. Kettler.

Report completed - available at <http://www.mbtelehealth.ca>.

- **Part 2: National Initiative for Telehealth Guidelines Project (NIFTE).**

Principal Investigator: Dr. Penny Jennett, Department of Community Health Sciences and Head of Telematics Unit, Faculty of Medicine, University of Calgary Centre.

Report in Draft.

- **In Progress:**

- **Demographic Characteristic of Admissions at SMHC.**

Principal Investigator: Dr. S. Holm.

- **Determine the baseline fitness and activity level of Patients in a Psychosocial Rehabilitation Program.**

Principal Investigator: Dr. J. Kettler.

- **Patient's Attitudes Towards the Use and Purpose of Seclusion at SMHC.**

Principal Investigators: Dr. S. Holm, B. Wynnobel.

5(g) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	20,863.4	414.10	20,041.4	822.0	
Other Expenditures	3,872.5		3,221.8	650.7	1
Total Sub-Appropriation	24,735.9	414.10	23,263.2	1,472.7	

Explanation Number:

1. The over-expenditure is primarily due to Pharmaceutical price and volume increases, and other operating expenditure increases.

Provincial Nursing Stations

The objective(s) of the Branch are:

- To manage the operation of the northern nursing stations at Easterville, Grand Rapids, Moose Lake and Ilford.

The expected and actual results of the Branch for 2003/04 include:

1. Programs and services are responsive to the needs of communities being served.
 - Improved the stability and continuity of nursing coverage at the nursing stations by:
 - Recruitment of three (3) full time nurses and one (1) part-time nurse.
 - Implementation of revised staff scheduling processes to ensure the cost-effective utilization of casual and term employees and agency nurses.
 - Expansion of shared staff resources between stations by temporary re-assignments.
 - Updated operating policies and procedures specific to the provincial nursing stations including:
 - Introduction of an updated staff orientation program for all new staff.
 - Introduction of six (6) new policies to enhance standards of service at all the nursing stations.
 - Expanded the role of nursing station staff in administering vaccines to make immunization more accessible for all age groups in the community.
2. Improved accountability among Manitoba Health and local health and community representatives.
 - Involved community representatives from Ilford and War Lake First Nation as well as Manitoba Transportation and Government Services and the Burntwood Regional Health Authority (BRHA) in planning a new nursing station for Ilford which will be constructed in the next fiscal year.
 - Involved representatives from the Moose Lake and Mosakahiken Cree Nation as well as Nor-Man Regional Health Authority and Northern Medical Unit in improving the integration of the community's medical services with regional medical and health care services by having the RHA assume responsibility for the community's medical services.

3. Timely transfer of the four (4) nursing stations to local health authorities.
 - Arranged the transfer of operational responsibility of the Ilford nursing station to Burntwood Regional Health Authority (BRHA) in partnership with the BRHA and community representatives from Ilford and War Lake First Nation.
 - Supported the negotiation process between Manitoba Health, Health Canada and The Swampy Cree Tribal Council to plan for the eventual transfer of the Moose Lake, Easterville and Grand Rapids Nursing Stations to local community health authorities.

5(h) Provincial Nursing Stations

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,034.3	17.00	980.9	53.4	
Other Expenditures	1,289.6		857.5	432.1	1
Total Sub-Appropriation	2,323.9	17.00	1,838.4	485.5	

Explanation Number:

1. The over-expenditure is primarily due to increases in Professional Services Costs.

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities for acute and long-term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transportation Services

The objective(s) of the Fund are:

- To allocate funds to Regional Health Authorities (RHAs) to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently, and effectively meets the needs of the various Regions.
- To provide additional health services required, based on community health assessments, provincial and local objectives, and available resources.
- To ensure compliance with provincial standards of core health services.
- To ensure fiscal and program accountability.

The expected and actual results of the Fund for 2003/04 include:

1. Regular financial and statistical reporting, as defined by Manitoba Health, will be received and provided by the RHAs.
 - The RHAs and CancerCare Manitoba (CCMB) submit Health Plans each year to be reviewed by various Departmental staff.
2. To design a service delivery system that responsively, efficiently and effectively meets the needs of the various Regions.
 - One-time financial support to the rural and northern RHAs and CCMB was made available in 2003/04 for their Community Health Assessment (CHA) process.
 - The Department funded specialized equipment requests made by the RHAs on an emergent basis (ventilators, cardiac monitors, etc.).

Annual Report 2003 - 2004

3. To provide additional health services required based on community health assessments, provincial and local objectives, and available resources.
 - The multi-million dollar Clinical Services Reconstruction Program (CSRP) in Brandon RHA had their grand opening in March 2004.
 - The Niverville Primary Health Care Centre (PHCC) in South Eastman RHA opened in January 2004 and is a centre where health services are offered by a multidisciplinary team of providers to address the factors which impact health status in the area.
 - CCMB received a new replacement linear accelerator that became operational in August 2003.
 - The Prostate Cancer Awareness Campaign ran in April 2003 with television and newspaper ads to reach the primary and secondary audience groups of men 50 years of age and over and women 45 years of age and over respectively. Manitoba Health and the CCMB Foundation provided funding for the campaign.
 - A Neuroangiography Suite, which includes a Bi-Plane Angiography Imaging Camera, a highly specialized piece of diagnostic equipment that is less invasive than the traditional surgical procedures, reduces hospitalization time, and provides an alternative to patients that are too ill to undergo more stressful and invasive surgery. The Neuroangiography Suite was officially opened November 17, 2003.
 - The Gamma Knife provides treatment for some patients that were previously deemed untreatable and offers other patients an opportunity for alternative treatment to conventional radiotherapy, linear accelerator-based treatments and certain micro-surgeries. Advantages of Gamma Knife Surgery to the patient include a decrease in pain, suffering, and complications; shorter recovery times and lengths of stay, and economic gain as patients return to work faster. Construction and installation of the Gamma Knife is complete and the first procedure occurred November 3, 2003.
 - Manitoba Health and CCMB participated in the Jalisco, Mexico Delegation Trade Mission Visit to Manitoba in August 2003. Two (2) cancer specialists from Jalisco met with teams at CCMB to provide opportunities for reciprocal exchange of information regarding cancer control activities.
 - The province contributed \$400,000 in funds for communities to enhance the capacity of regions to provide supported housing services to mental health consumers.
 - A CT Scanner was established in the Nor-Man RHA in the fall of 2003.
 - Various capital projects in the province continue to progress towards completion including the Russell Dialysis Unit, Swan River Valley Hospital, and the Dauphin Community Health Services Building.

6(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures					
Acute Care Services	1,261,433.5		1,242,537.0	18,896.5	1
Long-Term Care Services	410,806.7		434,160.7	(23,354.0)	2
Home Care Services	194,132.6		202,775.6	(8,643.0)	3
Community and Mental Health Services	129,752.7		111,294.9	18,457.8	4
Emergency Response & Transport Services	23,495.5		26,469.9	(2,974.4)	5
Third Party Recoveries	(5,619.8)		(5,901.8)	282.0	
Reciprocal Recoveries	(36,155.3)		(39,306.2)	3,150.9	6
Recoverable from Urban Development Initiative	(2,000.0)		(2,000.0)	0.0	
Total Sub-Appropriation	1,975,845.9		1,970,030.1	5,815.8	

Explanation Number:

1. The over-expenditure is primarily due to unrealized targeted savings offset by under-expenditures in Construction Programming - Operating and Interest.
2. The under-expenditure is primarily due to expenses for St. Amant Centre being charged to Community and Mental Health (see explanation #4), and other miscellaneous under-expenditures.
3. The under-expenditure is primarily due to a net-redistribution of the 2003-04 funding offset within 6A.
4. The over-expenditure is primarily due to the expenses for St. Amant Centre.
5. The under-expenditure is primarily due to a net-redistribution of the 2003-04 funding offset within 6A.
6. The under-recovery is primarily due to lower average rates per day.

Provincial Health Services

The objective(s) for this appropriation are:

- To provide funding for services in two (2) federal hospitals and 18 federal nursing stations.
- To provide financial assistance to Manitobans requiring assistive devices.
- To provide on a 24-hour basis, free transfusion of blood and blood products services to patients of medical practitioners and hospitals in the province.
- To provide payment for insured hospital services required by residents of Manitoba while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.
- To reallocate health care system resources to equal or more appropriate and less costly alternatives, and bridge the transitions on a one-time basis through the Healthy Communities Development Fund.

Hospital - Out Of Province

For further details – please refer to Page 30 [21-3(a): Insured Benefits – Out of Province Claims/Reciprocal Agreements].

Blood Programs (formerly: Blood Services)

Blood Programs - For further details – please refer to pages 60 [21-5(e)(1): Blood Programs].

Federal Hospitals

Hospital services provided to non-status individuals at federally funded facilities.

For further details – please refer to Page 96 [Regional Health Authorities and Other Facilities: Net Manitoba Health Payments 2002/03 and 2003/04].

Ancillary Programs

For further details – please refer to Page 50 [21-5(b): Provincial Drug Programs – Ancillary Programs].

Healthy Communities Development Fund

Healthy Communities Development provides funding to:

- Foster collaboration and partnerships between and among government departments, agencies, non-government organizations, community groups and volunteers for coordinated development and delivery of cost effective service alternatives.
- Assist in consolidation and coordination of programs and services, and the establishment of centres of excellence.
- Support development of administrative, information and delivery systems and infrastructure necessary to planning and implementation of alternatives.
- Contribute to a more affordable balance between long and short term action, prevention and treatment, community and institutional services.

During 2003/04 active projects included:

- Midwifery Implementation
- Tobacco Strategy
- AIDS/STD Strategy
- Western Canadian Waiting List
- Hepatitis C Compassionate Assistance
- West Nile virus
- Canadian Virtual Hospice Initiatives
- Autism

Nurses Recruitment & Retention Fund

The Nurses Recruitment and Retention Fund was established in 1999 to recruit and retain RNs, RPNs, and LPNs in Manitoba. The objective of the Fund is accomplished utilizing aggressive recruitment, direct incentives, and increased access to educational programs. The Fund provides financial support for such initiatives as:

- *Come Home to Manitoba* campaign that includes handouts, display booths and attendance at Nursing Job Fairs, advertising, provision of information regarding job opportunities on the Nursing Fund Line and web site.
- Payment of relocation expenses of up to \$5,000 for nurses moving to Manitoba from outside the province.
- Funding of up to 80% of course costs to a maximum of \$2,000 for nurses who take nursing refresher courses.
- Funding for specialty training programs including Adult and Pediatric Neonatal Intensive Care Nursing Courses, Peri-operative Nursing Courses, and an Emergency Nursing Program.
- Funding to support Continuing Education and Staff Development of nurses.

The expected and actual results of this appropriation for 2003/04 include:

1. Funding will be provided for services in 2 federal hospitals and 18 federal nursing stations.
 - Funding for services was provided to 2 federal hospitals and 18 nursing stations. In 2003/04 total funding was \$1,674.1.
2. Provision of safe, reliable, cost-effective and high quality blood services in Manitoba.
 - Manitoba Health was able to provide safe, reliable, cost-effective and high quality blood services to Manitobans through the:
 - Collection, collation and analysis of data gathered via the Province-wide Adverse Events Reporting System (AERS) for blood and blood product transfusions.
 - Creation of electronic versions of Provincial Quality Manual for blood banks, cross-match centres and allied services.
 - Joint CBS-Manitoba Health Blood Programs education and information workshop for blood bank technologists.
 - Implementation of informed consent for blood and blood product transfusions.
 - Creation of special steering committee to deal with challenges to the blood system arising from West Nile virus (WNV). Implementation of interim blood usage policy during WNV donated blood screening test implementation.
3. Timely application review and disbursement of compassionate assistance through MHCAP.
 - In 2001 when the Manitoba Hepatitis C Assistance Program was announced, the turn around time for applications was expected to be up to 6 months. In 2003/04 the average turnaround time for Manitoba Health to review and disburse Hepatitis C Compassionate Assistance was 2.5 months.
4. Response to inquiries regarding Blood Programs with accurate information in a timely manner.
 - Advisory Notes are prepared and reviewed by Blood Program Administration staff and the average turn around time is 2 weeks or less depending on the issues and required response times.
5. Inter-provincial reciprocal billing arrangements are in place with all provincial and territorial plans to provide in-patient hospital services and out-patient care for each others' residents without the patient having the burden of paying out of pocket at the time of service.
 - The requirement of portability of benefits under the *Canada Health Act* has been fulfilled.
6. Financial assistance is provided to Manitobans requiring assistive devices.
 - Financial Assistance has been provided to Manitobans requiring assistive devices.
 - In 2003/04, Manitoba Health adjudicated approximately 37,400 Ancillary Programs' claims for approximately 50,300 devices, with program expenditures of \$7.7 million.

7. Development of a more effective and less costly health care system through funding of initiatives undertaken in the Healthy Communities Development Fund.
 - Healthy Communities Development has taken on a variety of pilot projects which are at various stages of development and use with the primary goal of developing a more effective and less costly health care system.
8. Increased numbers of active practising registered nurses, licensed practical nurses and registered psychiatric nurses working in Manitoba.
 - Through the effort of the nursing recruitment and retention fund, Manitoba was able to hire and retain 298 positions over the 2002/03 levels consisting of RNs, LPNs, and RPNs. Of those 298 positions, 137 nurses were recruited from out of province.

For further details – please refer to Page 35 [21-3(c): Health Workforce, Workforce Policy and Planning].

6(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures					
Out-of-Province	24,288.4		30,140.6	(5,852.2)	1
Blood Transfusion Services	43,578.7		40,049.9	3,528.8	2
Federal Hospitals	1,674.1		1,668.5	5.6	
Prosthetic & Orthotic Devices	7,662.1		6,775.3	886.8	3
Healthy Communities					
Development	12,465.3		15,500.0	(3,034.7)	4
Nursing Recruitment and Retention Initiative	1,648.3		2,700.0	(1,051.7)	5
Other	170.3		213.0	(42.7)	6
Total Sub-Appropriation	91,487.2		97,047.3	(5,560.1)	

Explanation Number:

1. The under-expenditure is primarily due to lower average Reciprocal In-Patient rates per day.
2. The over-expenditure is primarily due to volume and price increases.
3. The over-expenditure is primarily due to volume and price increases.
4. The under-expenditure is primarily due to timing of the implementation of Primary Health Care Transition Fund projects.
5. The under-expenditure is primarily due to timing in receiving requests for proposals.
6. Miscellaneous under-expenditures.

Medical Program

The objective(s) of the Medical Program are:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

The expected and actual results of the Medical Program for 2003/04 include:

1. In 2003/04, 12 million claims for approximately 17.5 million services were processed and paid to medical practitioners, optometrists, chiropractors and dental surgeons.
 - In 2003/04, 16,284,703 million physician services, 167,171 optometric services, 863,321 chiropractic services and 3,498 oral surgeon services were provided.

For further details - please refer to page 30 - [21-3(a): Insured Benefits – Medical and Hospital Programs].

6(c) Medical

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures					
Physician Services	559,271.5		533,692.2	25,579.3	1
Other Professionals	12,718.0		13,981.3	(1,263.3)	
Out of Province Physicians	18,515.3		17,793.9	721.4	
Other	10,421.0		11,589.4	(1,168.4)	
Third Party Recoveries	(3,145.9)		(3,600.6)	454.7	2
Reciprocal Recoveries	(9,668.2)		(9,809.7)	141.5	
Total Sub-Appropriation	588,111.7		563,646.5	\$24,465.2	

Explanation Number:

1. The over-expenditure is primarily due to price increases for physicians and the cost of the Shoring Up Fund.
2. The under-recovery is primarily due to lower recoveries from the Workers' Compensation Board.

Pharmacare

The objective(s) of the Pharmacare Program are:

- To fund pharmaceutical benefits as may be prescribed, subject to *The Prescription Drugs Cost Assistance Act* and Regulations thereto, in order to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

In the benefit year 2003/04, Pharmacare deductible rates were increased on July 1, 2003 from 2.1% to 2.21% for families with total adjusted income up to \$15,000 (minimum of \$100 deductible is applicable), and from 3.15% to 3.31% for families with total adjusted income greater than \$15,000. Total family income is reduced by an adjustment of \$3,000 for spouse and for each dependent under 18 years of age, where applicable.

The expected and actual results of the Pharmacare Program for 2003/04 include:

1. Reduced financial hardship to residents of Manitoba associated with the cost of prescription medications:
 - In 2003/04, approximately 5,100 additional families gained benefit from Pharmacare, for a total of 86,263 families who received Pharmacare benefits.
2. Direct reimbursement to beneficiaries and pharmacies for eligible prescription costs covered under the program.
 - The Drug Program Information Network (DPIN) assists in the administration of Pharmacare. DPIN is a computer network connecting all pharmacies in Manitoba to a central database. The DPIN network handles approximately 17 million transactions a year. DPIN processes all Pharmacare claims and provides pharmacists with real time adjudication of the payment required by the patient to the pharmacy. The network also allows pharmacists a more complete picture of their clients' prescription drug record and potentially prevents any harmful interactions or overdoses.
3. Palliative Care Drug Access Program - [For further details - please refer to page 51- [21-5(b): Provincial Drug Programs - PCDAP].

6(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	184,804.5		171,859.0	12,945.5	1
Total Sub-Appropriation	184,804.5		171,859.0	12,945.5	

Explanation Number:

1. The over-expenditure is primarily due to higher average price per prescription and volume increases.

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba contributes to the health and well-being of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

The Addictions Foundation of Manitoba expenditures are contained in a separate Annual Report issued by the Foundation.

7 Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	12,834.7		12,834.7	-	1
Total Sub-Appropriation	12,834.7		12,834.7	-	

Explanation Number:

1. Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Capital Funding - Principal Repayments

Capital Finance Unit responsibilities include providing and managing government borrowings for approved capital projects, information technology projects, and equipment purchases to Regional Health Authorities (RHAs) and CancerCare Manitoba.

The objective(s) of the Unit are:

- To provide timely funding of debt repayment provisions on borrowings for approved capital projects, information technology projects, and equipment purchases for RHAs and CancerCare Manitoba.
- To manage outstanding debt to result in the lowest interest cost within fiscal parameters.

The expected and actual results of the Unit for 2003/04 include:

1. Acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system.
 - Debt repayment was initiated on Acute Care Services, Long-Term Care Services, and Community and Mental Health Care Services projects and equipment acquisitions completed totalling \$102,648.6.
 - Borrowings of \$82.0 million were transferred to the Department of Finance at a fixed rate of interest of 5.75%.
2. Manage the principal repayment of outstanding debt.
 - Applied \$51,735.1 in principal payments against outstanding debt for Acute Care Services, Long-Term Care Services, and Community and Mental Health Care Services borrowings.

8(a) Capital Funding – Principal Repayments

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	34,071.4		40,522.8	(6,451.4)	1
Long-Term Care	16,707.5		17,137.0	(429.5)	
Community and Mental Health Services and Provincial Programs	1,299.4		1,412.2	(112.8)	
Total Sub-Appropriation	52,078.3		59,072.0	(6,993.7)	

Explanation Number:

1. The under-expenditure is primarily due to the timing of capital projects.

Capital Funding – Equipment Purchases and Replacements

Capital Finance Unit is responsible for providing outright cash expenditures for medical equipment to Regional Health Authorities (RHAs) and CancerCare Manitoba.

The objective(s) of the Unit are:

- To provide timely funding of outright (cash) expenditures for medical equipment supported by appropriate review, sign-off, and documentation.

The expected and actual results of the Unit for 2003/04 include:

1. Acquisition of specialized and basic equipment to support critical care, surgical, medical, diagnostic services, and community programs.
 - Outright cash provisions were provided to RHAs and CancerCare Manitoba in a timely manner upon submission of copies of paid invoices for approved expenditures.

8(b) Capital Funding – Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	33,067.7		35,733.1	(2,665.4)	1
Long-Term Care	1,295.5		1,373.1	(77.6)	
Total Sub-Appropriation	34,363.2		37,106.2	(2,743.0)	

Explanation Number:

1. The under-expenditure is primarily due to the timing of 2001/02 and 2002/03 Federal Equipment funding.

Capital Funding – Other Capital

Capital Finance Unit is responsible for providing outright cash expenditures for major capital projects, safety and security projects and information technology projects to Regional Health Authorities (RHAs) and CancerCare Manitoba in accordance with policy parameters.

The objective(s) of the Unit are:

- To provide timely funding of outright (cash) expenditures for capital projects and information technology projects supported by appropriate review, sign-off, and documentation.

The expected and actual results of the Unit for 2003/04 include:

1. Timely payment of approved major capital project, safety and security project, and information technology expenditures in accordance with policy parameters for acute care services and long-term care services.
 - Outright cash provisions were provided to RHAs and CancerCare Manitoba in a timely manner upon submission of copies of paid invoices for approved expenditures.

8(c) Capital Funding – Other Capital

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	5,579.7		10,695.7	(5,116.0)	1
Long-Term Care	3,037.2		1,400.0	1,637.2	
Total Sub-Appropriation	8,616.9		12,095.7	(3,478.8)	

Explanation Number:

1. The under-expenditure is primarily due to the timing in completing IT capital projects.

Amortization and Other Costs related to Capital Assets

This appropriation is responsible for the provision of the amortization of capital assets, and for interest expense related to capital investment borrowing.

The expected and actual results of this appropriation for 2003/04 include:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
 - Amortization expenses on capital investments were paid during the 2003/04 year. Asset values have been decreased by the value of the amortization expense.
 - Interest expenses on capital investment borrowings were paid during the 2003/04 year.

9 Amortization and Other Costs related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2003/04 \$(000's)	FTE	Estimate 2003/04 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Desktop Services	606.3		606.4	(0.1)	
Amortization Expense	1,447.5		1,532.5	(85.0)	
Interest Expense	773.6		854.4	(80.8)	
Total Sub-Appropriation	2,827.4		2,993.3	(165.9)	

Financial Report Summary Information

Part 1

Manitoba Health
Reconciliation Statement
April 1, 2003 - March 31, 2004

DETAILS	2002/03 ESTIMATES
2003/04 Main Estimates:	\$3,004,229.0
Allocation of Funds From: ▪ Enabling Appropriations	32,759.9
2003/04 Estimate:	\$3,036,988.9

- (1) Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.
- (2) Of the total amount voted in Enabling Vote, \$23,900.0 was allocated for medical equipment, \$8,500.0 was allocated for the Primary Health Care Transition Fund, \$2.6 for Central Services and \$348.3 for the Addictions Foundation of Manitoba.

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
29.0	21-1A Minister's Salary	39.7	28.3	11.4	1
601.9	21-1B Executive Support	830.2	753.7	76.5	
111.3	-1 Salaries and Employee Benefits	201.0	237.5	(36.5)	
	-2 Other Expenditures				
3,621.8	21-1C Finance	3,479.3	3,305.4	173.9	
1,146.2	-1 Salaries and Employee Benefits	1,048.6	920.1	128.5	
	-2 Other Expenditures				
1,738.3	21-1D Central Services	1,571.2	1,645.1	(73.9)	
340.4 (4)	-1 Salaries and Employee Benefits	259.9	260.6	(0.7)	
	-2 Other Expenditures				
7,588.9	Total Appropriation 21-1	7,429.9	7,150.7	279.2	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2 Health Accountability, Policy and Planning				
	21-2A Administration				
104.5	-1 Salaries and Employee Benefits	112.1	104.5	7.6	
134.9	-2 Other Expenditures	47.5	-	47.5	
	21-2B Information Systems				
4,045.4	-1 Salaries and Employee Benefits	4,259.1	3,953.4	305.7	2
1,255.0	-2 Other Expenditures	1,326.0	1,016.9	309.1	
6,538.4	-3 Program Program Support Cost	6,198.4	5,653.1	545.3	
139.4	-4 External Agencies	106.6	121.9	(15.3)	
	21-2C Health Information Management				
692.9	-1 Salaries and Employee Benefits	672.4	650.3	22.1	3
379.8	-2 Other Expenditures	234.2	108.6	125.6	
	21-2D Policy and Planning				
1,937.0	-1 Salaries and Employee Benefits	1,730.6	1,333.4	397.2	4
1,999.9	-2 Other Expenditures	1,294.3	643.4	650.9	5
	21-2E Accountability, Expectations and Evaluation				
1,741.1	-1 Salaries and Employee Benefits	1,538.2	1,650.0	(111.8)	6
708.9	-2 Other Expenditures	837.3	1,049.9	(212.6)	
227.3	-3 External Agencies	223.7	140.1	83.6	
1,850.0	21-2F Manitoba Centre for Health Policy	1,850.0	1,850.0	-	
21,754.5	Total Appropriation 21-2	20,430.4	18,275.5	2,154.9	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-3	Health Workforce				
21-3A	Insured Benefits				
5,250.7	-1 Salaries and Employee Benefits	5,652.2	5,125.1	527.1	7
1,785.5	-2 Other Expenditures	1,878.5	2,434.4	(555.9)	
21-3B	Health Labour Relations				
937.2	-1 Salaries and Employee Benefits	724.8	756.1	(31.3)	
679.8	-2 Other Expenditures	388.5	417.0	(28.5)	
732.6	-3 External Agencies	667.6	659.8	7.8	
21-3C	Workforce Policy and Planning				
354.6	-1 Salaries and Employee Benefits	430.3	376.7	53.6	8
55.1	-2 Other Expenditures	58.1	38.3	19.8	
9,795.5	Total Appropriation 21-3	9,800.0	9,807.4	(7.4)	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-4	Regional Programs and Services				
21-4A	Administration				
192.9	-1 Salaries and Employee Benefits	209.2	204.4	4.8	
39.8	-2 Other Expenditures	56.9	89.2	(32.3)	9
21-4B	French Language services				
54.9	-1 Salaries and Employee Benefits	53.0	52.7	0.3	
13.6	-2 Other Expenditures	3.6	2.6	1.0	10
21-4C	Capital Planning				
820.6	-1 Salaries and Employee Benefits	666.0	591.1	74.9	
222.0	-2 Other Expenditures	175.0	133.5	41.5	10
21-4D	Urban Regional Support				
938.1	-1 Salaries and Employee Benefits	925.3	821.4	103.9	
439.8	-2 Other Expenditures	398.4	311.9	86.5	10
21-4E	Northern and Rural Support				
659.1	-1 Salaries and Employee Benefits	661.5	654.4	7.1	
249.6	-2 Other Expenditures	179.2	174.8	4.4	
21-4F	Regionalization and Health Planning				
421.9	-1 Salaries and Employee Benefits	430.1	432.1	(2.0)	
45.4	-2 Other Expenditures	46.9	18.8	28.1	10
21-4G	Disaster Management				
195.0	-1 Salaries and Employee Benefits	231.4	243.7	(12.3)	
79.5	-2 Other Expenditures	79.9	87.6	(7.7)	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4H Primary Health Care				
305.0	-1 Salaries and Employee Benefits	285.8	234.8	51.0	11
86.4	-2 Other Expenditures	68.1	62.2	5.9	
	21-4J Emergency Health and Ambulance Services				
899.7	-1 Salaries and Employee Benefits	917.8	816.3	101.5	
3,887.0	-2 Other Expenditures	4,154.9	4,286.8	(131.9)	
22.5	-3 External Agencies	22.5	22.5	-	
9,572.8	Total Appropriation 21-4	9,565.5	9,240.8	324.7	
	21-5 Provincial Health Programs				
	21-5A Administration				
477.0	-1 Salaries and Employee Benefits	537.3	477.2	60.1	
283.5	-2 Other Expenditures	331.7	343.5	(11.8)	
5,036.2	-3 External Agencies	4,794.2	4,626.9	167.3	
	21-5B Provincial Health Programs				
1,630.9	-1 Salaries and Employee Benefits	1,675.7	1,627.7	48.0	
780.0	-2 Other Expenditures	747.4	546.9	200.5	12
	21-5C Chief Provincial Psychiatrist				
174.9	-1 Salaries and Employee Benefits	211.4	202.7	8.7	
58.6	-2 Other Expenditures	55.2	48.4	6.8	
	21-5D Aboriginal Health				
549.9	-1 Salaries and Employee Benefits	459.9	495.8	(35.9)	
306.6	-2 Other Expenditures	180.6	191.9	(11.3)	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-5E-1	Public Health and Epidemiology				
2,357.4	-1 Salaries and Employee Benefits	2,255.4	1,885.3	370.1	13
3,524.4	-2 Other Expenditures	3,618.1	2,853.6	764.5	14
7,107.6	-3 Vaccines	6,525.6	6,619.8	(94.2)	
301.8	-4 External Agencies	245.5	252.1	(6.6)	
21-5E-2	Cadham Provincial Laboratory Services				
4,417.4	-1 Salaries and Employee Benefits	4,953.1	4,513.7	439.4	
3,976.5	-2 Other Expenditures	4,210.3	3,578.2	632.1	15
21-5F	Office of the Chief Medical Officer of Health				
2,574.3	-1 Salaries and Employee Benefits	2,229.2	1,563.1	666.1	16
2,933.8	-2 Other Expenditures	2,073.8	874.9	1,198.9	17
21-5G	Selkirk Mental Health Centre				
20,041.4	-1 Salaries and Employee Benefits	20,863.4	19,537.4	1,326.0	
3,221.8	-2 Other Expenditures	3,872.5	3,770.1	102.4	
21-5H	Provincial Nursing Stations				
980.9	-1 Salaries and Employee Benefits	1,034.3	895.7	138.6	18
857.5	-2 Other Expenditures	1,289.6	1,174.4	115.2	
61,592.4	Total Appropriation 21-5	62,164.2	56,079.3	6,084.9	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-6 Health Services Insurance Fund				
	21-6A Funding to Health Authorities				
	-1 Acute Care Services	1,261,433.5	1,192,261.8	69,171.7	19
1,242,537.0	-2 Long Term Care Services	410,806.7	396,597.7	14,209.0	19
434,160.7	-3 Home Care Services	194,132.6	191,316.7	2,815.9	20
202,775.6	-4 Community and Mental Health Services	129,752.7	100,901.2	28,851.5	21
111,294.9	-5 Emergency Response and Transport	23,495.5	22,851.8	643.7	
26,469.9	-6 Third Party Recoveries	(5,619.8)	(5,673.6)	53.8	
(5,901.8)	-7 Reciprocal Recoveries	(36,155.3)	(28,854.7)	(7,300.6)	22
(39,306.2)	-8 Recoverable from Urban Development	(2,000.0)	(2,000.0)	-	
(2,000.0)					
	21-6B Provincial Health Services				
	-1 Out of Province	24,288.4	21,902.2	2,386.2	23
30,140.6	-2 Blood Transfusion Services	43,578.7	39,981.2	3,597.5	24
40,049.9	-3 Federal Hospitals	1,674.1	2,214.5	(540.4)	25
1,668.5	-4 Prosthetic and Orthotic Devices	7,662.1	6,881.5	780.6	
6,775.3	-5 Healthy Community Development	12,465.3	4,937.8	7,527.5	26
15,500.0	-6 Nursing Recruitment and Retention	1,648.3	2,413.5	(765.2)	27
2,700.0	-7 Other	170.3	221.3	(51.0)	
213.0					
	21-6C Medical				
	-1 Physician Services	559,271.5	521,786.3	37,485.2	28
533,692.2	-2 Other Professionals	12,718.0	11,848.1	869.9	
13,981.3	-3 Out of Province Physicians	18,515.3	17,499.1	1,016.2	29
17,793.9	-4 Other Professionals	10,421.0	4,470.5	5,950.5	
11,589.4	-5 Third Party Recoveries	(3,145.9)	(2,901.7)	(244.2)	
(3,600.6)	-6 Reciprocal Recoveries	(9,668.2)	(9,179.0)	(489.2)	
(9,809.7)					

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
171,859.0	21-6D Pharmacare	184,804.5	160,812.0	23,992.5	30
2,802,582.9	Total Appropriation 21-6	2,840,249.3	2,650,288.2	189,961.1	
12,834.7	21-7 Additions Foundation of Manitoba	12,834.7	11,741.6	1,093.1	
12,834.7 ⁽³⁾	Total Appropriation 21-7	12,834.7	11,741.6	1,093.1	
21-8	Capital Grants				
	-A Principal Repayments	34,071.4	33,452.4	619.0	
40,522.8	-1 Acute Care	16,707.5	16,558.2	149.3	
17,137.0	-2 Long Term Care	1,299.4	926.3	373.1	31
1,412.2	-3 Community and Mental Health Services and Provincial Programs				
	-B Equipment Purchases and Replacements	33,067.7	27,646.0	5,421.7	32
35,733.1 ⁽⁴⁾	-1 Acute Care	1,295.5	1,295.5	-	
1,373.1	-2 Long Term Care				
	-C Other Capital				
10,695.7	-1 Acute Care	5,579.7	1,557.7	4,022.0	33
1,400.0	-2 Long Term Care	3,037.2	1,656.3	1,380.9	33
	-3 Community and Mental Health Services				
108,273.9	Total Appropriation 21-8	95,058.4	83,092.4	11,966.0	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2004

Estimate 2003/04 \$(000s)	Appropriation	Actual (1) 2003/04 \$(000s)	Actual (2) 2002/03 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-9	Amortization and Other Costs Related to Capital Assets			
606.4	-A Desktop Services	606.3	1,313.4	(707.1)	34
1,532.5	-B Amortization Expense	1,447.5	1,103.4	344.1	35
854.4	-C Interest Expense	773.6	575.4	198.2	36
2,993.3	Total Appropriation 21-9	2,827.4	2,992.2	(164.8)	
\$ 3,036,988.9	Total Appropriation 21	3,060,359.8	2,848,668.1	211,691.7	

Footnote:

- (1) Actuals for 2003/04 are based on year-end expenditure analysis report dated July 16, 2004.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2004.
- (3) Details of the Additions Foundation of Manitoba expenditures are reported in a separate Annual Report.
- (4) Includes funds voted in Enabling Vote of \$32,402.6. (\$23,900.0 was allocated to Sub-appropriation 21-8 Capital Grants for medical equipment; \$8,500.0 to Sub-appropriation 21-6B Provincial Health Services for the Primary Health Care Transition Fund; and \$2.6 to Sub-appropriation 21-1D Central Services.

**Manitoba Health
Expenditure Summary**

Variance Explanation – Actuals March 31, 2004 vs. March 31, 2003

1. *The increase is due to the provision for the Minister Responsible for Healthy Living.*
2. *The increase is primarily due to higher transportation, telephone, advertising, office supplies, and professional services expenditures.*
3. *The increase is primarily due to higher advertising, professional services, other fees, and computer related expenditures.*
4. *The increase is primarily due to the filling of vacant positions and the general salary increase.*
5. *The increase is primarily due to higher postal services, communications, advertising, office supplies, compute charges, and professional services expenditures.*
6. *The decrease is primarily due to lower investigation costs due to fewer complaints and realignment of computer related charges.*
7. *The decrease is primarily due to lower advertising and program promotion expenditures.*
8. *The increase is due to miscellaneous operating over-expenditures.*
9. *The decrease is due to miscellaneous operating under-expenditures.*
10. *The increase is due to miscellaneous operating over-expenditures.*
11. *The increase is primarily due to the filling of vacant positions and the general salary increase.*
12. *The increase is primarily due to the one-time purchase of a 64 bit server off set in part by lower postal services expenditures.*
13. *The increase is primarily due to the filling of vacant positions and the general salary increase.*
14. *The increase is primarily due to higher professional services, postal services, and other miscellaneous expenditures.*
15. *The increase is primarily due to higher laboratory testing office, building repairs professional services, and other miscellaneous expenditures.*
16. *The increase is primarily due to increased staff required for the West Nile Virus activities, the filling of vacant positions and the general salary increase.*
17. *The increase is primarily due to West Nile Virus and SARS expenditures, and the increase in professional services expenditures.*
18. *The increase is primarily due to the filling of vacant positions and the general salary increase.*
19. *The increase is primarily due to Wage Settlements and increase in the base line funding to the RHAs.*
20. *The increase is primarily due to the increase in the base line funding to the RHAs.*
21. *The increase is primarily due to Wage Settlements and increase in the base line funding to the RHAs.*

**Manitoba Health
Expenditure Summary**

Variance Explanation – Actuals March 31, 2004 vs. March 31, 2003 - Continued

- 22. The increase in recoveries is primarily due to the higher average rate per In-Patient day.*
- 23. The increase is primarily due to the higher average rate per Reciprocal In-Patient day.*
- 24. The increase is primarily due to increased laboratory services and red blood cell utilization.*
- 25. The decrease is primarily due to fewer In-Patient days and Out-Patient cases.*
- 26. The increase is primarily due to expenditures for Primary Health Transition Fund Projects, and West Nile Virus activities.*
- 27. The decrease is primarily due to reduced payments to the Nursing Recruitment & Retention Fund.*
- 28. The increase is primarily due to volume and rate increases for physicians.*
- 29. The increase is primarily due to higher payment for the Physicians Retention Fund.*
- 30. The increase is primarily due to higher average price per prescription and volume increases.*
- 31. The increase is primarily due to debt servicing for new projects.*
- 32. The increase is primarily due to increased Diagnostic Medical Equipment purchases.*
- 33. The increase is primarily due to increased Safety and Security projects.*
- 34. The decrease is primarily due to the full amortization of Desktop assets.*
- 35. The increase is primarily due to amortization of new capital assets.*
- 36. The increase is primarily due to interest on new capital assets.*

Revenue Summary by Source

for fiscal year ended March 31, 2004 ⁽¹⁾

Actual 2002/03	Actual 2003/04	Increase (Decrease)	Expl. No.	Source	Actual 2003/04	Estimate 2003/04	Variance	Expl. No.
Current Operating Programs								
1. Government of Canada:								
1,047.1	7,096.4	6,049.3	2	a) Primary Health Care Transition Fund	7,096.4	8,500.0	(1,403.6)	3
16,457.6	12,702.4	(3,755.2)	4	b) Medical Equipment Fund	12,702.4	17,900.0	(5,197.6)	4
0.0	7,829.2	7,829.2	2	c) Diagnostic Medical Equipment Fund	7,829.2	6,000.0	1,829.2	4
0.0	36,765.0	36,765.0	2	d) Health Reform Fund	36,765.0	36,400.0	365.0	
\$17,504.7	\$64,393.0	\$46,888.3		Sub-Total Health Funds	\$64,393.0	\$68,800.0	(4,407.0)	
4,964.7	3,716.4	(1,248.3)	4	e) Employment Assistance Persons with Disabilities	3,716.4	3,716.1	0.3	
707.1	684.3	(22.8)		f) Alcohol, Drug, Treatment and Rehabilitation Program	684.3	694.0	(9.7)	
\$ 5,671.8	\$ 4,400.7	\$ (1,271.1)		Sub-Total Other Agreements	\$ 4,400.7	\$ 4,410.1	(9.4)	
2. Other Revenue:								
3,525.1	3,339.6	(185.5)		a) Sundry	3,339.6	2,970.6	369.0	
\$26,701.6	\$72,133.3	45,431.7		Total Revenue	\$72,133.3	\$76,180.7	(4,047.4)	

Explanatory Notes:

1. Actuals for 2003/04 are based on year-end expenditure analysis report dated July 16, 2004.
2. The increase is mainly due to new funding approved in the 2003/04 Estimate.
3. The decrease is primarily due to the delay in completing some of the projects.
4. The increase (decrease) is mainly due to the timing of the projects.

Manitoba Health
Five Year Expenditure and Staffing Summary by Appropriation (\$000)
for years ending March 31, 2000 to March 31, 2004

Appropriation	1999/00 FTE	1999/00 \$	2000/01 FTE	2000/01 \$	2001/02 FTE	2001/02 \$	2002/03 FTE	2002/03 \$	2003/04 FTE	2003/04 \$
21-1 Administration and Finance	116.29	7,702.0	116.29	7,835.2	116.29	7,730.7	109.79	7,150.7	110.00	7,426.9
21-2 Health Accountability, Policy and Plans	303.13	24,854.3	302.13	27,121.3	305.13	25,322.5	137.85	18,275.5	136.15	20,430.4
21-3 Health Workforce	691.02	59,330.1	676.97	62,291.6	676.97	64,592.0	150.00	9,807.4	150.00	9,800.0
21-4 Regional Programs and Services							74.79	8,240.8	74.79	8,565.5
21-5 Provincial Health Programs							627.66	56,079.3	633.68	62,164.2 ⁽¹⁾
21-6 Health Services Insurance Fund		2,121,022.2		2,335,149.0		2,500,372.6		2,650,298.2		2,840,249.3
21-7 Additions Foundation of Manitoba		10,387.8		10,848.0		11,511.6		11,741.6		12,834.7 ⁽⁴⁾
21-8 Capital Grants		63,997.0		72,059.8		70,696.7		83,092.4		98,058.4
21-9 Amortization of Capital Assets		1,274.6 ⁽⁵⁾		2,106.8 ⁽⁶⁾		2,864.7 ⁽⁷⁾		2,992.2		2,827.4
Health Information Network		26,397.4 ⁽⁸⁾								
Total Departmental Expenditures	1,110.44	2,314,945.4	1,095.39	2,517,411.7	1,098.39	2,683,090.8	1,099.89	2,848,668.1	1,105.60	3,060,359.8

Explanatory Notes:

- (1) Actuals for 2003/04 are based on year-end expenditure analysis report dated July 16, 2004.
- (2) Prior year's comparative figures (2002/03), have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2004.
- (3) Additional FTE's and salary costs to establish a public health management infrastructure to monitor and control public health threats, including but not limited to West Nile Virus.
- (4) Additions Foundation of Manitoba expenditures are reported in a separate Annual Report.
- (5) Six months amortization of Desktop and SAP
- (6) Full year amortization of Desktop and SAP
- (7) Six months amortization of Information Technology Capital Projects to be completed in 2001/02.
- (8) Smart Health was written-off in 1999/00.

**Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary**

for years ending March 31, 2000 - March 31, 2004 ⁽¹⁾

Program	1999/00 \$000	2000/01 \$000	2001/02 \$000	2002/03 \$000	2003/04 \$000
Facilities & Health Authorities	1,582,366	1,725,354	1,815,051	1,950,493	2,070,904
Medical ⁽²⁾	444,535	487,678	522,252	543,523	588,112
Provincial Programs ⁽³⁾	66,601	80,278	78,343	78,552	91,487
Pharmacare	85,664	108,927	136,783	160,812	184,805
Total	2,179,166 ⁽⁴⁾	2,402,237	2,552,429	2,733,381	2,935,308

Explanatory Notes:

- (1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2004.
- (2) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.
- (3) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.
- (4) This includes \$6,790,000 for additional Health Authority deficits which were not included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 2000.

Annual Report 2003 – 2004**Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2002/03 and 2003/04**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2002/03	2003/04
Assiniboine Regional Health Authority		
Acute Care Services - Operating	40,486,112	42,666,787
Long Term Care Services - Operating	29,266,737	32,568,912
Emergency Response & Transportation Services	1,693,824	1,693,824
Medical	9,824,616	10,501,997
Home Care	10,092,549	10,493,520
Community and Mental Health	3,554,956	4,068,168
Acute Care Services - Capital	1,458,916	1,624,985
Long Term Care Services - Capital	1,475,616	1,606,562
Community - Capital	343,968	341,904
Total Assiniboine Regional Health Authority	\$98,197,294	\$105,566,659
Brandon Regional Health Authority		
Acute Care Services - Operating	76,953,855	83,484,790
Long Term Care Services - Operating	20,044,080	15,626,376
Emergency Response & Transportation Services	202,896	213,720
Medical	5,815,560	6,054,260
Home Care	4,480,176	5,064,744
Community and Mental Health	11,677,848	12,594,192
Acute Care Services - Capital	4,100,325	5,679,260
Long Term Care Services - Capital	590,616	561,555
Community - Capital	-	-
Total Brandon Regional Health Authority	\$123,865,356	\$129,278,897
Burntwood Regional Health Authority		
Acute Care Services - Operating	21,674,772	23,977,666
Long Term Care Services - Operating	60,480	372,336
Emergency Response & Transportation Services	3,888,360	4,038,360
Medical	10,846,608	11,206,167
Home Care	1,117,776	1,242,624
Community and Mental Health	4,126,176	4,474,728
Acute Care Services - Capital	1,326,735	1,328,149
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total Burntwood Regional Health Authority	43,040,907	\$46,640,030

**Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2002/03 and 2003/04**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2002/03	2003/04
CancerCare Manitoba		
Acute Care Services - Operating	38,294,151	40,572,730
Long Term Care Services - Operating	-	-
Emergency Response & Transportation Services	-	-
Medical	4,294,104	6,396,441
Home Care	-	-
Community and Mental Health	-	-
Acute Care Services - Capital	5,128,210	4,308,333
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total CancerCare Manitoba	\$47,716,465	\$51,277,504
Central Regional Health Authority		
Acute Care Services - Operating	49,639,364	52,918,829
Long Term Care Services - Operating	28,736,784	31,423,920
Emergency Response & Transportation Services	1,972,752	2,372,808
Medical	8,722,128	8,930,201
Home Care	13,953,288	14,235,816
Community and Mental Health	8,224,604	9,018,912
Acute Care Services - Capital	2,734,605	2,779,520
Long Term Care Services - Capital	1,094,977	972,646
Community - Capital	-	-
Total Central Regional Health Authority	115,078,502	\$122,652,652
Churchill Regional Health Authority		
Acute Care Services - Operating	5,288,044	6,297,960
Long Term Care Services - Operating	-	-
Emergency Response & Transportation Services	908,736	1,085,088
Medical	308,520	308,520
Home Care	51,024	94,824
Community and Mental Health	834,024	652,128
Acute Care Services - Capital	287,616	630,480
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total Churchill Regional Health Authority	7,677,964	\$9,069,000

Annual Report 2003 – 2004**Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2002/03 and 2003/04**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2002/03	2003/04
Interlake Regional Health Authority		
Acute Care Services - Operating	24,903,589	27,015,372
Long Term Care Services - Operating	18,882,024	14,119,248
Emergency Response & Transportation Services	1,136,880	1,136,880
Medical	4,270,272	5,404,543
Home Care	10,013,832	10,110,960
Community and Mental Health	6,842,928	7,119,816
Acute Care Services - Capital	1,206,791	1,987,956
Long Term Care Services - Capital	673,224	830,644
Community - Capital	63,072	63,072
Total Interlake Regional Health Authority	67,992,612	\$67,788,491
Nor-Man Regional Health Authority		
Acute Care Services - Operating	20,713,888	19,357,786
Long Term Care Services - Operating	5,866,988	6,969,432
Emergency Response & Transportation Services	3,071,496	3,104,688
Medical	6,092,424	6,239,121
Home Care	3,173,832	3,260,136
Community and Mental Health	4,407,412	5,374,608
Acute Care Services - Capital	841,532	2,166,163
Long Term Care Services - Capital	819,528	1,368,153
Community - Capital	-	-
Total Nor-Man Regional Health Authority	44,987,100	\$47,840,087
North Eastman Regional Health Authority		
Acute Care Services - Operating	10,624,060	11,743,118
Long Term Care Services - Operating	8,241,984	9,130,536
Emergency Response & Transportation Services	930,144	880,152
Medical	2,794,488	2,883,561
Home Care	5,005,992	4,745,016
Community and Mental Health	2,071,776	2,387,352
Acute Care Services - Capital	771,685	814,276
Long Term Care Services - Capital	744,648	747,432
Community - Capital	213,744	213,744
Total North Eastman Regional Health Authority	31,398,521	\$33,545,187

**Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2002/03 and 2003/04**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2002/03	2003/04
Parkland Regional Health Authority		
Acute Care Services - Operating	35,990,139	37,546,057
Long Term Care Services - Operating	18,914,040	21,191,256
Emergency Response & Transportation Services	751,728	754,992
Medical	3,182,928	3,469,959
Home Care	8,581,416	8,641,680
Community and Mental Health	7,337,856	8,658,168
Acute Care Services - Capital	2,105,355	2,123,191
Long Term Care Services - Capital	358,896	503,324
Community - Capital	-	-
Total Parkland Regional Health Authority	77,222,358	\$82,888,627
South Eastman Regional Health Authority		
Acute Care Services - Operating	16,221,466	17,719,838
Long Term Care Services - Operating	12,614,712	12,797,850
Emergency Response & Transportation Services	599,160	480,888
Medical	3,108,984	3,182,506
Home Care	8,820,288	9,034,632
Community and Mental Health	3,031,032	3,549,473
Acute Care Services - Capital	557,854	642,442
Long Term Care Services - Capital	1,254,435	1,431,842
Community - Capital	185,736	201,624
Total South Eastman Regional Health Authority	46,393,667	\$49,041,095
Winnipeg Regional Health Authority		
Acute Care Services - Operating	802,724,155	843,921,734
Long Term Care Services - Operating	239,916,072	273,190,214
Emergency Response & Transportation Services	5,165,568	5,231,376
Medical	84,855,072	96,099,419
Home Care	119,313,824	126,555,528
Community and Mental Health	45,207,240	70,457,208
Acute Care Services - Capital	38,369,402	38,647,072
Long Term Care Services - Capital	11,548,220	11,506,880
Community - Capital	92,160	473,784
Total Winnipeg Regional Health Authority	\$1,347,191,713	\$1,466,083,215

Annual Report 2003 – 2004**Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 2002/03 and 2003/04**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2002/03	2003/04
Winnipeg		
Beacon Hill Lodges Inc. P.C.H.	8,460	-
St. Norbert P.C.H.	11,900	-
Total Other	\$20,360	-
Other		
Amocs Inc	-	538,513
Canadian Blood Agency	37,403,856	44,570,045
Centre de Santé St. Boniface	1,566,843	1,566,840
Community Therapy Services Inc.	59,304	84,319
Department of Clinical Health Psychology U of MB	270,840	319,636
Manitoba Locum Tenens Program	307,200	307,200
Out-of-Province	21,902,200	24,167,003
Pinaow Wachi	149,088	276,770
St. Amant Centre	325,392	-
University Medical Group	1,811,304	1,861,594
University of Manitoba-Northern Medical Unit	6,258,576	6,381,999
Total Other	\$70,054,603	\$80,073,919
Federal Hospitals/Nursing Stations		
Hodgson-Percy E. Moore, Hospital	970,757	810,590
Norway House, Hospital	1,002,775	662,570
Berens River, N.S.	-	-
Bloodvein, N.S.	6,861	3,630
Brochet, N.S.	8,928	2,604
Cross Lake, N.S.	52,115	34,942
Garden Hill, N.S.	41,624	13,655
God's Lake, N.S.	24,321	12,826
Lac Brochet, N.S.	12,276	5,332
Little Grand Rapids, N.S.	14,632	8,904
Nelson House, N.S.	58,900	4,712
Oxford House, N.S.	18,504	13,059
Poplar River, N.S.	6,076	1,860
Pukatawagan, N.S.	25,160	39,928
Red Sucker Lake, N.S.	5,580	3,472
Shamatawa, N.S.	25,036	13,640
South Indian Lake, N.S.	9,052	7,552
Split Lake, N.S.	34,596	29,748
Ste. Theresa, N.S.	27,933	16,093
Wasagamack, N.S.	10,164	7,139
Total Federal Hospitals/Nursing Stations	2,355,290	\$1,692,256
All Facilities and Regional Health Authorities	\$2,123,192,712	\$2,293,437,619

Financial Report Summary Information

Part 2

**Manitoba Health Services Insurance Plan
Reconciliation Statement
April 1, 2003 - March 31, 2004**

DETAILS	2003/04 ESTIMATES
2003/04 Main Estimates:	
Funding to Health Authorities	\$ 1,970,030.1
Provincial Health Services	88,547.3
Medical	563,646.5
Pharmacare	171,859.0
Capital Grants	84,373.9
Allocation of Funds From:	
Enabling Appropriations*	32,400.0
2003/04 Estimate:	\$ 2,910,856.8

* Of the total amount voted in Enabling Vote, \$17,900.0 was allocated for medical equipment; \$8,500.0 was allocated for Primary Health Care Transition Fund; and \$6,000.0 allocated for Diagnostic Medical Equipment Fund.

For the year ended March 31, 2004, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund provided a grant in the amount of \$2,878,456.8 for planned expenditures. Actual funding provided through the Enabling Vote was \$15,530.4 for medical and diagnostic equipment and \$7,013.4 for the Primary Health Care Transition Fund. During the year, Supplementary Funding of \$50,774.9 was approved, bringing the total grant to \$2,951,775.5. Actual expenditures were \$2,935,307.7, which resulted in \$16,467.8 being transferred back to the Provincial Consolidated Fund.



Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2004 and the statement of revenue and expenses and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

Note 2 describes the accounting policy with respect to the Plan's liability for vacation pay and post-employment benefits. In this respect the financial statements are not in accordance with Canadian generally accepted accounting principles. If the change in the liability and the change in the receivable had been recorded, expenses for the current year would have been increased by \$46,096,000 (2003 - \$23,100,000), revenue for the current year would have been increased by \$46,096,000 (2003 - \$23,100,000), revenue over expenses would remain unchanged and net assets would remain unchanged.

In our opinion, except for the effects of the failure to record the change in the liability and the change in the receivable as described in the preceding paragraph, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2004 and the revenue and expenses and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
July 16, 2004

MANAGEMENT REPORT

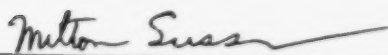
Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2004 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

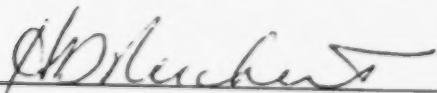
The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,



Milton Sussman
Deputy Minister of Health



Heather Reichert
Chief Financial Officer

Winnipeg, Manitoba
July 16, 2004

**Manitoba Health Services Insurance Plan
Balance Sheet**
As At March 31, 2004

ASSETS		LIABILITIES AND NET ASSETS	
	2004 (thousands of dollars)		2003 (thousands of dollars)
Cash	\$ 32,693	Accounts payable and accrued liabilities:	\$ 51,227
Funds on deposit with the Province of Manitoba	68,751	Health Authorities and Facilities	\$ 60,538
Accounts receivable:		Medical services claims	42,924
Other Provinces and Territories	17,202	Pharmacare claims	4,658
Other	<u>2,836</u>	General	<u>21,873</u>
			<u>17,156</u>
			<u>120,682</u>
	<u>20,038</u>	Vacation pay and post-employment benefits (Note 2)	250,196
			204,100
Receivable from the Province of Manitoba (Note 2)	250,196	Holdbacks relating to debenture trust agreements (Note 5)	60,934
Funds held in trust re debenture trust agreements (Note 5)	60,934	Net assets	800
	<u>\$432,612</u>		<u>\$432,612</u>
			<u>\$398,023</u>

See accompanying notes to financial statements.

**Manitoba Health Services Insurance Plan
Statement of Revenue and Expenditure, and Net Assets**
For the Year Ended March 31, 2004

	<u>2004</u>	<u>2003</u>
	<i>(thousands of dollars)</i>	
Revenue:		
Grants from the Province of Manitoba (Note 8)	\$2,874,252	\$2,639,764
Third party recoveries	8,766	8,575
Miscellaneous	<u>149</u>	<u>118</u>
Total revenue	<u>2,883,167</u>	<u>2,648,457</u>
Expenses:		
Health Authorities and Facilities (Note 6 and 8)	2,015,617	1,860,720
Medical (Notes 6, 7 and 9)	591,258	546,288
Provincial programs	91,487	80,637
Pharmacare	<u>184,805</u>	<u>160,812</u>
Total expenses	<u>2,883,167</u>	<u>2,648,457</u>
Revenue over expenses	--	--
Net assets beginning of year	<u>800</u>	<u>800</u>
Net assets end of year	<u>\$ 800</u>	<u>\$ 800</u>

See accompanying notes to financial statements.

**Manitoba Health Services Insurance Plan
Notes to the Financial Statements**
For the Year ending March 31, 2004

Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan operates under the authority of the *Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Note 2 - Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, except for the following.

Under current funding arrangements with health authorities and health facilities, the Manitoba Health Services Insurance Plan does not fund the annual vacation leave earned by employees of health authorities and health care facilities until the year vacations are taken. As well, the Plan does not fund post-employment benefits earned by employees of the health authorities and health care facilities until those post-employment benefits are paid.

In years prior to 2003, the Plan did not record, in the financial statements, the related liability to the health authorities and devolved and non-devolved health care facilities and did not record the related receivable from the Province of Manitoba. For the year ended March 31, 2003, the Plan commenced recording, in the financial statements, the liability and the receivable associated with the accrued vacation pay liabilities and post-employment benefit liabilities of the health authorities, and the devolved and non-devolved health care facilities.

The change in the liability has not been recorded as an expense and the change in the receivable has not been recorded as revenue for each of the years ended March 31, 2004 and 2003. The change in the liability and the change in the receivable for the year ended March 31, 2005 will be recorded, for the first time, in the statement of revenue and expenses for the year ended March 31, 2005.

Note 3 - Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

Note 4 - Inter-provincial Reciprocal Recoveries

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenses.

For the year ended March 31, 2004 the expense for Health Authorities and Facilities within the Province, of \$2,015,617,000 (2003 - \$1,860,720,000) is net of reciprocal recoveries of \$36,155,000 (2003 - \$28,855,000). The expense for Medical program of \$591,258,000 (2003 - \$546,288,000) is net of reciprocal recoveries of \$9,668,000 (2003 - \$9,179,000).

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2004

Note 5 - Funds Held in Trust re Debenture Trust Agreements

These funds are used for debt servicing related to debentures.

	<u>2004</u>	<u>2003</u>
	(thousands of dollars)	
Government of the Province of Manitoba – Short Term	\$ 23,684	\$ 35,952
Government of the Province of Manitoba - Bonds	8,735	0
Government of the Province of British Columbia – Bonds	<u>28,515</u>	<u>17,910</u>
	<u>\$ 60,934</u>	<u>\$ 53,862</u>

The amounts relating to the debenture trust agreements are holdbacks for the following Regional Health Authorities and Facilities.

	<u>2004</u>	<u>2003</u>
	(thousands of dollars)	
St. Boniface General Hospital	\$33,037	\$29,689
Winnipeg RHA	6,856	4,300
Brandon RHA	6,171	5,680
Parkland RHA	13,828	12,707
Other	<u>1,042</u>	<u>1,486</u>
	<u>\$60,934</u>	<u>\$53,862</u>

Note 6 - Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

<u>Regional Health Authority</u>	<u>2004</u>	<u>2004</u>	<u>2004</u>	<u>2003</u>
	Facilities	Medical	Total	Total
	(000's)	(000's)	(000's)	(000's)
Winnipeg	\$1,334,327	\$96,099	\$1,430,426	\$1,313,641
Brandon	118,598	6,054	124,652	121,036
North Eastman	28,088	2,883	30,971	28,723
South Eastman	43,759	3,183	46,942	46,394
Interlake	60,715	5,404	66,119	66,455
Central	109,456	8,930	118,386	110,686
Assiniboine	92,049	10,502	102,551	95,080
Parkland	78,483	3,470	81,953	76,249
Nor-Man	39,772	6,239	46,011	43,108
Burntwood	34,035	11,206	45,241	41,604
Churchill	8,760	309	9,069	7,678
CancerCare	<u>42,048</u>	<u>6,397</u>	<u>48,445</u>	<u>45,703</u>
Total payments	<u>\$1,990,090</u>	<u>\$160,676</u>	<u>\$2,150,766</u>	<u>\$1,996,357</u>

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
 For the Year ending March 31, 2004

The expense category, Health Authorities and Facilities, in the Statement of Revenue and Expenditure and Net Assets is comprised of the following:

	<u>2004</u> (000's)	<u>2003</u> (000's)
Health Authorities payments	\$1,990,090	\$1,852,240
Accruals and payments to facilities and third parties	61,682	37,335
Reciprocal recoveries	<u>(36,155)</u>	<u>(28,855)</u>
Total expenses	<u>\$2,015,617</u>	<u>\$1,860,720</u>

The expense category, Medical, in the Statement of Revenue and Expense and Net Assets is comprised of the following:

	<u>2004</u> (000's)	<u>2003</u> (000's)
Fee for Service medical payments and accruals	\$ 417,864	\$ 390,323
Health Authorities payments	160,676	144,117
Other (Note 7)	<u>12,718</u>	<u>11,848</u>
Total expenses	<u>\$ 591,258</u>	<u>\$ 546,288</u>

Note 7 - Medical

Included in medical expenses are the following other health service expenses:

	<u>2004</u> (thousands of dollars)	<u>2003</u> (thousands of dollars)
Optometric	\$ 4,903	\$ 4,460
Chiropractic	<u>7,815</u>	<u>7,388</u>
	<u>\$ 12,718</u>	<u>\$ 11,848</u>

Note 8 - Capital Financing

Hospitals and personal care homes obtain financing for capital projects by issuing debentures, or by arranging for mortgages or long-term bank loans. As well, the hospitals and personal care homes receive grants for capital projects from the Province of Manitoba. The Hospital Capital Financing Authority approves the issue of all securities and assists in obtaining an orderly market for the sale of securities to finance these capital expenses. This indebtedness and the capital grants are not reflected in these financial statements and the indebtedness is not guaranteed by the Manitoba Health Services Insurance Plan.

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
 For the Year ending March 31, 2004

The Province of Manitoba also issues debt in its own name and transfers the money received to health care facilities for financing of major capital projects. Previously, the Regional Health Authorities (Authorities) accounted for this financing received as long-term debt in their financial statements. Manitoba Health Services Insurance Plan provided annual funding to the Authorities for the payment of principal and interest related to this long-term debt. During the year, the Authorities retroactively changed their method of accounting for the financing received from the Province of Manitoba for the debt issued in its own name. The Authorities now account for this financing as deferred contributions with no requirements for principal and interest payments. Prior year comparative figures for the Manitoba Health Insurance Plan have been retroactively restated to reflect the reduced funding requirement for principal and interest payments. The net effect of the restatement for the year ended March 31, 2003 is to reduce the grant revenue from the Province of Manitoba and the health authorities and facilities expense by \$60,906,000. There is no effect on revenues over expenses and net assets.

At March 31, 2004, the approved outstanding capital debt related to hospitals and personal care homes was \$707,034,000 (2003 - \$640,355,000) net of accumulated sinking funds of \$120,036,000 (2003 - \$108,321,000). The approved outstanding capital debt includes \$492,900,000 (2003 - \$445,513,000) which was borrowed by the Province of Manitoba and provided to the hospitals and personal care homes as capital grants. In addition to the approved outstanding capital debt, lines of credit up to \$98,044,000 (2003 - \$67,893,000) have been established to finance capital projects in process. On completion of these projects, the credit lines will be converted to long-term debt.

Total principal and interest relating to the approved outstanding capital debt of \$707,034,000 (2003 - \$640,355,000) is \$105,744,000 (2003 - \$102,220,000). Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenses, except for the principal and interest of \$60,906,000 (2003 - \$54,408,000) related to the capital debt which was borrowed by the Province of Manitoba and provided to the hospitals and personal care homes as capital grants. This amount is not included in these financial statements. For the year ended March 31, 2004, the amount related to principal and interest payments included in the expenses for Health Authorities and Facilities in these financial statements was \$44,838,000 (2003 - \$47,812,000).

Note 9 - The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act* is included as part of the Annual Report of Manitoba Health.

Note 10 - Legal Actions

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2004, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

Note 11 - Measurement Uncertainty

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2004

Note 12 - Financial Instruments

The Manitoba Health Services Insurance Plan's financial instruments consist of cash, short-term investments, accounts receivable, funds held in trust, accounts payable, accrued liabilities, and holdbacks relating to debenture trust agreements. Unless otherwise noted, it is management's opinion that Manitoba Health Services Insurance Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments. The fair value of these financial instruments approximates their carrying values.

Note 13 - Statement of Cash Flows

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

Note 14 - Comparative Figures

Certain of the 2003 financial statement figures have been restated to be consistent with the 2004 presentation.



Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT
Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2004 prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2004 in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
July 16, 2004

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2004

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives \$50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abdul-Nour K	\$158,455	Amin S M	\$267,321	Atwal J	\$282,611
Abdulrehman A S	\$241,550	Amir N	\$96,757	Azevedo J E	\$143,123
Abell N	\$112,688	Anastasiades L	\$111,327	Babick T R	\$284,296
Abell W R	\$92,786	Anderson A	\$110,173	Badenhorst F	\$228,014
Aboobaker S	\$291,243	Anderson B R	\$254,318	Badenhorst J	\$80,198
Adam C J E	\$118,676	Anderson B	\$90,384	Badenhorst L	\$70,548
Adduri V R	\$341,444	Anderson D M	\$110,285	Baidwan S K	\$113,915
Ahluwalia R S	\$339,744	Anhalt Hicks C D	\$420,783	Baillie C	\$274,725
Ahmad S N	\$185,144	Anozie C B	\$157,259	Baker C	\$341,201
Ahsan A	\$124,471	Antonenko N E	\$137,427	Baker R C	\$58,953
Ahweng A	\$493,536	Antonissen L A S	\$338,232	Balachandra B	\$161,167
Ainley A	\$69,076	Anyadike I O	\$272,846	Balageorge D	\$350,434
Albak R E	\$238,332	Aoki F Y	\$93,806	Balcha B	\$92,439
Albi F	\$245,865	Araneda M C	\$64,481	Balko G	\$178,414
Aldor T A M	\$77,911	Armstrong B	\$331,636	Banmann D S	\$175,321
Aievizos I	\$62,510	Armstrong J D	\$61,682	Barber L	\$250,456
Ali K R	\$327,825	Arneja A S	\$285,264	Barc J	\$197,993
Ali M B	\$464,083	Arneja J	\$327,127	Bard R J	\$226,890
Allan D R ⁽³⁾	\$459,379	Arnot J B	\$187,853	Baria K	\$280,250
Alsewaidi O	\$112,319	Arnott P C	\$263,421	Barker J L	\$178,892
Altman G N	\$178,624	Ashcroft R P	\$134,261	Barker M F	\$348,236
Alto L E	\$376,062	Ashique A	\$75,207	Barker S L	\$137,990
Alvi A	\$417,107	Ashton M	\$70,461	Barkey J L	\$60,131
Amadeo R J J	\$68,856	Assuras G N	\$311,452	Barnard C E	\$144,550
Amarasekera D V	\$147,960	Athaide M	\$94,593	Barnes E B	\$218,630
Amede K H	\$250,879	Atkinson R	\$204,053	Barnes W R	\$85,754

Explanatory Notes:

- (1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*
- (2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*
- (3) *Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).*
- (4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).*

Manitoba Health Services Insurance Plan The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Baron C M	\$228,070	Bohemier R E	\$70,572	Burnet N	\$252,210
Baron K	\$280,977	Bohm E R	\$243,461	Burnett M	\$304,999
Bartlett L C	\$161,598	Bohonos B	\$56,013	Burnett Mairi	\$120,763
Basson H J	\$222,096	Bolton D R	\$246,004	Burtch D	\$56,258
Bay T	\$203,701	Book B H	\$57,850	Butler N	\$65,863
Baydock B	\$88,848	Bookatz B J	\$223,583	Calderon-Grande H E	\$204,360
Beazley G G	\$54,126	Booth F	\$93,730	Calhoun L L	\$123,679
Bebchuk W	\$63,447	Booy H	\$229,819	Cameron A I	\$126,575
Becker A	\$172,221	Borley J	\$88,722	Cameron M R	\$300,297
Beckstead J E	\$124,261	Boroditsky R S	\$267,070	Campbell B	\$123,429
Bedder P	\$256,399	Borrett G F	\$160,850	Campbell G	\$215,761
Bedi B	\$186,138	Botha A	\$134,221	Caners D	\$325,708
Beldavs R A	\$935,232	Botha D	\$285,043	Caners T	\$67,584
Bell D D	\$92,364	Boult I F ⁽²⁾	\$2,342,436	Cannon J E	\$221,418
Bellan L	\$454,625	Bourdon N	\$55,513	Caplan A H	\$248,266
Bellan S	\$79,650	Bourque C N	\$276,621	Caplan D C	\$178,265
Benning H S	\$482,269	Boustcha E	\$104,016	Cappellani R B	\$264,488
Benoit A	\$294,956	Bovell F M	\$76,879	Carpenter N	\$300,777
Bereznay O	\$270,817	Bow E	\$66,866	Carson J B	\$205,232
Bergen J	\$212,732	Bowman M N	\$61,842	Cartagena R A	\$266,159
Bergman E	\$127,511	Boyd K L	\$137,585	Carter R	\$284,764
Bergner H	\$241,799	Bracken J	\$193,667	Casey A R	\$184,361
Bermack B A	\$310,587	Bracken J H	\$206,399	Caswell B	\$81,486
Bernier M	\$523,537	Bradley B D	\$253,443	Caulley E	\$246,189
Bernstein C N	\$211,018	Brandes L J	\$112,351	Cavallo D	\$173,051
Bernstein K ⁽³⁾	\$947,759	Braun E	\$187,860	Champagne D R	\$75,068
Berrow P J	\$60,199	Braun J	\$174,782	Chan E K Y	\$88,805
Bertsch A	\$215,058	Braun K Y	\$70,144	Chan E L	\$193,395
Beveridge T F	\$55,534	Breckman D K	\$296,917	Chan J J	\$299,196
Bhanot P	\$83,009	Breckman G L	\$116,898	Chan K A	\$424,911
Bhayana R K	\$230,091	Bretecher G	\$408,996	Chan P	\$107,418
Bhayana R	\$227,128	Bright R C	\$206,619	Chan T	\$200,562
Bhayana V	\$106,570	Bristow G K	\$62,635	Chapman S D	\$348,872
Biala B	\$231,178	Broda R J	\$184,844	Chapnick C	\$128,015
Biehl D	\$125,064	Brodovsky D M	\$82,370	Chatel N L	\$158,896
Billinkoff E N	\$230,023	Brodovsky S C	\$491,555	Chenier D	\$52,255
Bilos R J	\$71,051	Brooker G ⁽²⁾	\$248,942	Chenier P	\$68,472
Birt D	\$360,601	Brown R	\$270,224	Cherian R	\$52,182
Bissonnette A	\$267,126	Brown R E	\$306,047	Cheung L K	\$399,614
Black D R	\$293,090	Brownell L	\$173,897	Chimlar J D	\$65,263
Black G B	\$223,580	Bruneau M R	\$200,112	Chin D	\$725,972
Blakley B W	\$172,550	Bryski L M	\$60,391	Chiysta T S	\$240,045
Blank A	\$160,925	Bshouty Z	\$90,934	Cho P A	\$260,319
Blouw M C	\$62,812	Buchel C	\$57,163	Chochinov A	\$57,939
Blouw R H	\$226,117	Buchik G M	\$88,834	Chochinov P H	\$185,152
Blyth S	\$247,213	Bueddefeld H D	\$231,080	Chodirker B N	\$111,443
Bock G	\$80,449	Buksak L A	\$101,418	Choptiany R B W	\$181,860
Boguski G	\$80,903	Bullock Pries K R	\$99,428	Choptiany T I	\$280,506
Bohemier J	\$52,093	Burke M E	\$213,037	Chow C	\$322,367
Bohemier Joel	\$69,667	Burnell C D C	\$258,437	Christodoulou C C	\$192,538

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Chubaty R A	\$245,588	Czaykowski P M	\$74,125	Doak G J	\$186,675
Chudley A E	\$79,495	Da Silva H	\$60,680	Doermer E	\$273,704
Chung L	\$513,671	Da Silva L M	\$241,997	Doerr J J	\$277,146
Cisneros N	\$54,609	Dabrowska W B	\$86,766	Dolynchuk K N	\$210,676
Classens C	\$59,990	Dabrowski P T	\$377,855	Dominique F	\$260,202
Clark M A	\$125,051	Dakshinamurti S S	\$198,036	Domke H	\$233,358
Clark S G	\$186,345	Dalling G N	\$165,451	Domke O	\$158,294
Clark S M	\$70,139	Dang T H	\$281,211	Domke S	\$207,149
Clayden G	\$340,926	Daniels J H	\$194,810	Donnelly J P	\$167,405
Cleghorn G M ⁽¹⁾	\$403,782	Daniels V	\$170,897	Dorn B	\$75,784
Cleghorn S	\$508,604	Danzinger R G	\$82,870	Doucet P M	\$163,934
Coates K R	\$290,278	Dashofsky S M	\$379,363	Downs A C	\$258,959
Cochrane D	\$57,343	Davey M	\$243,272	Doyle E	\$91,582
Coetzee F	\$67,140	Davey R J	\$270,709	Doyle J	\$268,574
Coetzee J I	\$87,319	David M F	\$308,653	Drachenberg D E	\$275,371
Coetzee M	\$175,341	Davidson J M	\$480,337	Dressler G R	\$73,610
Cohen M A	\$94,898	Davis M H	\$321,614	Drew E	\$56,405
Cohen M	\$288,472	Davis M O	\$205,712	Drexler J	\$258,315
Collison L M	\$146,181	Davoor R	\$229,085	Dreyer C	\$59,223
Collison S	\$104,797	Day M	\$54,399	Drobot G R	\$107,818
Collister C W	\$287,419	De Cloedt T	\$56,683	Du Plessis N	\$274,519
Concys M C	\$110,653	De Groot W	\$64,086	Du Plooy J	\$265,949
Connor D	\$387,353	De Klerk R R	\$82,882	Du Toit L L	\$110,271
Connor D H	\$85,439	De Korompay V	\$396,475	Dubberley J	\$232,992
Connor G T	\$127,646	De Moissac P C	\$172,580	Dubo H I	\$195,351
Consunji-Aranet R	\$84,862	De Rocquigny A J	\$399,319	Dubyn D	\$353,216
Corbett R P	\$56,503	De Wet R R	\$89,574	Ducas D A	\$76,596
Corder D	\$277,751	De Wit C F	\$162,630	Ducas J	\$485,312
Cordova J L	\$155,463	De Wit S L	\$465,339	Duchek D L	\$61,667
Corn R A	\$82,463	Dean H	\$58,526	Dueck D	\$150,817
Corn S I	\$277,251	Debrouwere R G	\$360,361	Duerksen C	\$275,938
Cornier F D	\$82,166	Decter D	\$399,718	Duerksen D R	\$293,857
Coueslan G W ⁽²⁾	\$833,900	Dekker J J	\$114,489	Duerksen F	\$70,520
Cowan D J	\$312,549	Delaive M	\$258,150	Duerksen K	\$60,319
Coyle S J	\$198,692	Demas H	\$212,592	Duerksen M T	\$251,458
Craig D	\$211,633	Deonarine L	\$272,959	Duff B D	\$116,666
Cram D H	\$416,221	Deong P J	\$240,417	Duffy G	\$238,789
Craton N	\$85,484	Desmarais G P	\$91,797	Duggal K C	\$325,749
Crawford D	\$197,551	Desmond G H	\$234,236	Duke P C	\$145,485
Cristante L	\$343,766	Deutscher R	\$276,775	Duncan S J	\$255,809
Cross H G	\$51,298	Dhalla S S	\$927,686	Dunford D A	\$58,930
Cross R	\$264,163	Dhanjal P	\$151,848	Dupont J O ⁽⁴⁾	\$638,233
Crow F M	\$71,199	Diamond H D	\$175,079	Duval R	\$131,889
Cumming G	\$61,234	Dias E M	\$139,153	Dyck D R ⁽³⁾	\$409,310
Cummings M L	\$245,119	Dionne C	\$276,935	Dyck G H	\$385,552
Cyr-Hornick A	\$151,783	Dirks H T	\$57,799	Eaglesham H ⁽³⁾	\$458,206
Czaplinski J E	\$167,536	Dissanayake D	\$234,149	Ebbeling-Trean L	\$159,987
Czaplinski K	\$260,240	Dittbemer K	\$127,942	Egan M M	\$148,270
Czamecka M M	\$165,754	Divekar A A	\$75,924	Eggertson D	\$254,876
Czamecki W ⁽¹⁾	\$448,398	Dizon A M	\$129,006	Ekins M B	\$201,382

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

El-Gabalawy H S	\$72,663	Fourie T	\$108,743	Goerz P G	\$126,300
Eleff M K	\$134,460	Fox J D	\$171,060	Goldberg N	\$258,854
Elkin J	\$251,490	Frame H	\$194,858	Goldenberg D	\$354,808
Elkin M S	\$263,873	Francois J M G	\$50,588	Gomori A J	\$177,949
Elkin M	\$106,963	Fraser D B	\$55,063	Goodman A E	\$72,307
Elliott J	\$127,182	Fraser M B	\$183,394	Gooi T H	\$481,092
Elves E	\$344,894	Fraser V H	\$152,917	Gooi T L	\$761,657
Embil J M A	\$236,183	Frechette C	\$76,708	Goossen M	\$375,997
Emery C	\$221,509	Frederick D V	\$55,462	Gordon J	\$332,464
Eng S	\$221,705	Fredette P	\$155,845	Gordon W L	\$127,624
Engel C	\$371,235	Freedman J I	\$345,496	Gorski B A	\$524,728
Engel J S	\$398,052	Friesen F R	\$293,966	Gould L F	\$240,560
Engelbrecht J F	\$166,514	Friesen J	\$322,229	Govender P	\$279,086
Engelbrecht S	\$213,653	Friesen J A	\$60,745	Goytan M J	\$381,587
Enns J P	\$404,027	Friesen K L	\$151,628	Grabowski J L	\$258,032
Enns M W	\$75,471	Friesen R M	\$245,154	Grace K J	\$181,081
Erhard P	\$293,167	Froese W	\$328,557	Graham B	\$61,761
Eschun G M	\$106,022	Frohlich A M	\$307,226	Graham C R	\$317,101
Esfahani F	\$153,082	Fuchs G R	\$285,471	Graham K	\$180,662
Esmail A	\$380,613	Fung H	\$159,839	Graham M R	\$169,847
Esquivel A	\$205,240	Furuyi H	\$90,140	Graham R	\$86,775
Esser C M	\$53,342	Fuzeta G	\$142,656	Grant L	\$61,740
Ethans T	\$98,971	Gabriel M	\$212,506	Graves D F	\$111,364
Evans D R	\$67,877	Galbraith P A	\$50,249	Gray M G	\$262,395
Evans M J	\$73,676	Galessiere P F	\$483,667	Grech E D	\$247,167
Ewert F J	\$313,810	Gall R M	\$266,786	Greenberg C R	\$74,899
Fair S E	\$121,407	Gallagher K	\$109,566	Greenberg H M	\$120,427
Falconer C W	\$181,407	Garba S	\$358,689	Grenier D	\$61,754
Falconer T	\$61,139	Garber L	\$352,611	Griffin P	\$229,066
Fast H	\$172,229	Garber P J	\$146,677	Griggs G	\$236,102
Fast M D	\$477,284	Gard M A	\$167,156	Grimbeek F	\$75,368
Feasey D	\$76,474	Gard S	\$218,008	Grimes R B	\$123,438
Feinstein M	\$166,151	Geddes J S	\$113,723	Grobler W P	\$205,319
Fine A ⁽¹⁾	\$2,033,320	Gerber J D W	\$228,369	Groenewald L H	\$119,502
Finney B A G	\$94,237	Gerstner T V	\$246,637	Groves L	\$224,055
Fishman L	\$311,368	Gertenstein R J	\$363,101	Gudmundson C	\$237,322
Fitzgerald M	\$200,922	Giannouli E	\$149,774	Guijon F B	\$209,383
Fitzsimon J	\$98,855	Giesbrecht D R	\$245,685	Gupta C K	\$359,581
Fleisher M L	\$88,009	Giesbrecht J E	\$157,349	Gupta D K	\$675,184
Fleisher W P	\$81,657	Gildenhuys M M	\$121,266	Guzman R	\$326,442
Fleming F L	\$50,851	Gill E	\$192,044	Gwozdecki T M	\$313,232
Fletcher C W	\$232,620	Gillespie B	\$704,803	Ha F T	\$219,687
Foerster D R	\$252,463	Gillespie J L	\$172,764	Ha M	\$65,850
Fogel R B	\$87,780	Girard J	\$293,324	Haberman C J	\$75,146
Fong H	\$604,932	Glacken R P	\$251,599	Haggard G G	\$232,688
Fontigny N J	\$224,691	Glenn D M	\$103,298	Hai M A	\$271,912
Fouad W	\$60,167	Glezerson G	\$458,295	Haiart D C	\$325,368
Fougere G A	\$70,150	Globerman D J	\$157,015	Haligowski D	\$186,075
Fourie C F	\$121,814	Gobell J J G	\$108,737	Hall A D	\$153,611
Fourie H	\$156,163	Godlewski W	\$476,706	Hall B A	\$54,160

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Hall P F	\$108,502	Hobbs C L	\$60,715	Jason M	\$300,336
Hallatt D	\$152,778	Hobson D E	\$310,886	Jebamani S	\$155,906
Hamedani R	\$312,046	Hoepfner W T	\$159,344	Jeffery J R	\$87,819
Hameed K A	\$278,886	Hoeschen L	\$90,773	Jensen B	\$66,731
Hammond G W	\$64,813	Holder F	\$252,966	Jensen W L	\$150,188
Hampton C S	\$92,725	Holland-Muter E	\$202,998	Jeyakumar A S	\$319,942
Hancock B J	\$154,605	Holmes C	\$99,963	Johannesson T	\$104,193
Hanks G A	\$51,699	Holroyd D	\$50,706	Johnson C	\$197,482
Hanlon-Dearman A C	\$119,299	Holt S C	\$176,795	Johnson D	\$394,722
Hansen J G	\$128,149	Homik L	\$535,581	Johnson E	\$363,223
Harding G K M	\$92,631	Honiball J J	\$92,368	Johnson H	\$114,668
Hardy B	\$275,892	Hooper W M	\$299,581	Johnson M G	\$333,974
Haresha A	\$77,896	Horne D	\$281,838	Johnston C	\$51,467
Harley M J	\$196,818	Hosain P A	\$54,355	Johnston J B	\$133,177
Harms S	\$274,092	Hosegood G	\$67,933	Johnston J L	\$96,956
Harrington J	\$147,285	Hosking D	\$408,107	Jolly K S	\$387,887
Harris P	\$603,521	Houston D S	\$65,418	Joshi C N	\$62,994
Harrison W D	\$172,543	Howden W A	\$296,999	Joshi D A	\$111,267
Hartley D M	\$245,254	Hoy C S	\$107,842	Joshi J N	\$261,528
Hasan M	\$59,391	Hrabarchuk B	\$245,820	Joundi M G	\$272,680
Haseeb S	\$79,203	Hudson R J	\$93,218	Jovel R E	\$144,331
Hassan W F	\$169,812	Huebert D M	\$376,965	Jowett A	\$256,688
Hawaleshka A	\$238,234	Huebert H T	\$219,121	Junaid A	\$82,499
Hayakawa J	\$138,508	Hughes P M	\$181,621	Kabani A M	\$165,735
Hayakawa T E	\$395,313	Humphreys K M	\$152,521	Kaethler W	\$234,578
Haydey R P	\$422,773	Hurst L D	\$273,825	Kahanovitch D	\$200,148
Hayward R J	\$420,242	Husarewycz S	\$350,122	Kaita K D E	\$173,174
Hechtenthal N	\$161,276	Hussain M I	\$535,461	Kalansky G	\$201,757
Hedden D R	\$379,356	Hutfluss G J	\$279,502	Kalichinsky C	\$222,470
Hedden J R	\$218,708	Ibbitt C J	\$208,029	Kania J	\$391,099
Heese H	\$82,472	Ilchyna D C	\$220,048	Kanji R	\$195,208
Heidenreich W	\$154,647	Iliffe G D	\$187,077	Kantor D	\$66,455
Helewa M E	\$344,045	Ilnyckyj A	\$118,373	Kaprowy R	\$196,596
Helms J B	\$145,555	Ilse W K	\$197,228	Karllick F	\$405,495
Henderson L P	\$92,747	Ingimundson J C	\$158,987	Karpinski M E	\$123,288
Henning J W	\$195,163	Inglis D	\$304,560	Karvelas J	\$163,446
Henry S F	\$73,246	Ingram P F	\$157,703	Kashour T S	\$398,269
Herbst J H	\$51,558	Intrater H	\$323,840	Kasper K D	\$176,326
Herd A	\$107,486	Ip A	\$261,997	Kassier K	\$369,132
Herman G	\$64,080	Iqbal B	\$50,125	Kati A A	\$195,170
Hershberg D M	\$178,545	Irving J E	\$313,321	Katz L	\$155,970
Hershfield E S	\$155,309	Isaac C	\$174,620	Katz P	\$151,434
Heywood M	\$363,907	Isaacs R L	\$194,191	Kaufman B J	\$88,544
Hiebert T	\$74,452	Israels S J	\$53,224	Kaufman R	\$113,922
Hildahl C	\$268,236	Jacob V C	\$755,805	Kaushal R D	\$186,998
Hildahl W	\$51,986	Jaeger C	\$166,514	Kayler D E	\$448,911
Hilderman L	\$124,890	Jain M	\$486,842	Keddy-Grant J	\$129,729
Hildes Ripstein G E	\$79,639	Jain N K	\$62,776	Kehler T	\$77,814
Hitchon C	\$108,757	James J M	\$326,197	Kelleher B E	\$204,474
Ho K S	\$53,447	Janzen L	\$103,807	Kellen P	\$170,453

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Kellen R I	\$454,446	Kowalski S	\$205,265	Lavallee B	\$55,947
Kemkaran K	\$144,349	Kozman H	\$198,761	Lawrence P H	\$277,210
Kepron W	\$175,976	Krahn C	\$254,742	Lazar M H	\$263,280
Kerr L	\$74,172	Krahn J	\$295,515	Le Roux B J	\$514,526
Kerr P D	\$302,520	Krahn M	\$102,817	Le Roux C	\$71,217
Kettner A	\$147,964	Kraitberg N J	\$144,742	Leader E	\$52,790
Khan A H	\$257,351	Kramer M	\$90,348	Lebedin W W	\$306,118
Khan A	\$154,981	Kraut A	\$67,245	Leboldus L A	\$190,178
Khan N A	\$103,607	Kredentser J	\$145,899	Lecuyer N S	\$130,041
Khan N M	\$299,659	Kredentser S	\$176,150	Lee B D	\$72,496
Khan T A	\$211,594	Kremer S	\$76,622	Lee F F W	\$309,960
Khandelwal A S	\$253,577	Kremi J	\$228,117	Lee G Q	\$152,326
Kheil A I	\$57,365	Krepart G	\$227,751	Lee H B	\$333,170
Khusi S	\$62,012	Krocak T J	\$265,476	Lee J J Y	\$392,805
Kimelman A L	\$93,037	Kroeker L R	\$333,864	Lee S	\$463,729
Kindle G F	\$197,817	Kroeker M A ⁽²⁾	\$1,991,379	Lee T J	\$119,332
King T D	\$57,170	Kroft C D L	\$83,567	Lee T W	\$260,030
Kinnear D	\$253,993	Krongold I ⁽²⁾	\$1,102,309	Lee V K	\$387,705
Kinsner J M	\$140,066	Kruk R D	\$267,193	Lee-Kwen J	\$316,651
Kippen R N	\$276,091	Kryger M	\$170,062	Lee-Wing M W	\$411,681
Kish S L	\$176,161	Krzyzaniak K M	\$174,217	Leen D A	\$316,816
Kisil D	\$58,235	Kucheravy M	\$56,246	Lefevre G R	\$245,488
Kjernisted K D	\$134,436	Kucparic P	\$190,034	Lei B T C	\$245,228
Klaponiski S	\$77,043	Kuegle P F X	\$245,925	Leicht R	\$690,963
Klassen D H	\$168,181	Kumar A	\$230,925	Lemoine G G	\$238,485
Klassen N F	\$261,138	Kwon M	\$116,603	Lemon P W	\$288,742
Klassen O	\$134,271	Kyeremateng D	\$247,961	Lerner N	\$224,255
Kliwer K	\$193,840	Labella L	\$98,021	Leslie H	\$50,463
Klippenstein N L	\$412,805	Lage K L	\$129,821	Letts K	\$58,417
Kloppers A A	\$164,360	Lagowski M C	\$265,323	Leung W M	\$133,176
Kloppers S	\$124,122	Lam C C	\$133,101	Leung Shing L P	\$217,959
Klym K L	\$79,608	Lam D S C	\$113,028	Levesque J	\$52,781
Klym K	\$241,724	Lamb J A	\$94,293	Levi C S	\$361,215
Kobrinsky N	\$53,538	Lamba K S	\$95,306	Levin B L	\$336,390
Koczanski R	\$148,078	Lambrechts H	\$218,545	Levin H	\$251,528
Koh C	\$118,540	Lander D A	\$68,500	Levy S B	\$186,601
Kohanek F L	\$61,224	Lander M	\$92,862	Lezak J D	\$310,586
Kolakowski A A	\$53,536	Lane E S	\$195,218	Li W	\$148,740
Kolt A M	\$92,163	Lane M A	\$75,238	Lieberman D K	\$202,701
Komenda B W	\$225,509	Lang C	\$298,571	Lim D S T	\$69,370
Komosky J	\$159,908	Langan J T	\$308,017	Lim F	\$229,781
Kong A M C	\$226,560	Langridge J K	\$235,498	Lim P	\$127,539
Koodoo S R	\$204,831	Large G	\$208,327	Lindschmidt R	\$277,294
Korol G	\$468,420	Larue L B	\$183,710	Lindquist L ⁽²⁾	\$416,801
Kotecha Y	\$300,986	Lategan B	\$224,815	Lindsay D	\$63,373
Koulack J	\$471,847	Latosinsky S	\$171,552	Lindsay D J	\$506,049
Kousonsavath R	\$150,334	Lau Y	\$260,605	Lindsay G M	\$253,736
Koven S	\$157,092	Laurencelle R	\$60,921	Lint D W	\$72,521
Kovnats S	\$64,630	Lautatzis M ⁽²⁾	\$487,446	Lipinski G	\$257,100
Kowalchuk I J	\$268,614	Lautenschlager E	\$70,862	Lipowski S	\$446,562

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Lipschitz J	\$408,973	MacKenzie G S	\$240,819	McCarthy G F	\$589,781
Lipson A H	\$170,449	MacKenzie S K	\$81,290	McCarthy T G	\$419,948
Littleford J A	\$279,501	MacKlem A K	\$308,045	McClarty B	\$278,010
Lloyd R L	\$122,153	MacLeod B A	\$172,708	McConnell M	\$267,900
Loader K	\$214,181	MacMahon R	\$238,791	McCullough D W	\$119,169
Lockman L E	\$385,014	MacMillan M B	\$226,786	McCusker P	\$62,144
Lodewyck G A F	\$82,073	Macrodimitris A G	\$181,451	McDonald H D	\$130,189
Loepp C	\$132,510	Magarrell C	\$69,253	McDowell J D	\$193,834
Lofgren S R	\$111,683	Magerman E W	\$141,213	McFadden L R	\$220,242
Logan A C	\$438,667	Maguire D	\$378,623	McGinn G	\$550,767
Loiselle J A	\$269,754	Maharaj C	\$144,681	McGowan A	\$97,599
Long A L	\$903,107	Maharaj G R	\$220,402	McIntyre I L	\$161,469
Longstaffe A E	\$235,605	Maharaj I G	\$354,582	McKenzie T	\$295,753
Longstaffe S	\$131,195	Mahay R K	\$421,179	McKiernan B	\$332,791
Lorteau G	\$62,495	Maia E	\$67,621	McNeill A M	\$192,530
Lotocki R J	\$356,713	Maier J C	\$218,279	McPhee J	\$131,734
Loudon M	\$162,563	Maier R J	\$120,456	McPherson J A M	\$197,478
Louridas G	\$427,006	Major P ⁽¹⁾	\$610,819	McQueen J C	\$53,662
Love H W	\$84,483	Maksymiuk A W	\$102,062	McTaggart D L	\$136,454
Lowden C S	\$289,135	Malabanan E	\$336,117	McTavish G	\$214,051
Lowther G H	\$70,040	Mallick B	\$133,980	Mehta A	\$155,186
Lu P B	\$160,073	Mallick K C	\$118,155	Mehta P G	\$348,209
Lucash S E	\$155,921	Manishen W J	\$202,690	Mellon A M	\$198,434
Lucman L L ⁽¹⁾	\$1,510,594	Manness R C	\$164,316	Menard S L	\$198,199
Lucman T S	\$193,141	Menswell C B	\$223,351	Menticoglou S	\$341,790
Lucy S	\$301,549	Manusow D	\$291,526	Menzies R J	\$411,049
Ludwig L	\$131,733	Marais F	\$132,242	Mercier N	\$137,799
Ludwig S	\$148,679	Marantz J	\$108,558	Meredith M J	\$117,091
Luitingh U	\$190,135	Mare A C	\$271,098	Mestdagh B E	\$84,900
Luk T L	\$223,541	Margolis N	\$235,251	Meyer A	\$61,259
Lukie B J	\$253,810	Marles S L	\$52,132	Meyrowitz D	\$333,352
Lynch J M	\$50,065	Marsh D W	\$170,573	Mian M T	\$251,798
Lyons E A	\$433,758	Martens M D	\$57,496	Micflikier A B	\$1,154,252
Lysack A M	\$304,515	Martens R	\$220,884	Mihalciou C	\$84,473
Lysack D A	\$130,830	Martens Barnes C	\$99,598	Milambiling E M	\$271,646
Lytile D	\$134,382	Martin A G	\$55,436	Milambiling L C	\$173,066
Mabin D	\$318,887	Martin D	\$91,253	Miller T	\$73,483
MacDiarmid A L	\$129,536	Marx T	\$234,438	Miller A	\$325,008
MacDonald N	\$189,903	Mates M	\$141,014	Miller D M	\$292,845
MacDonald P	\$323,877	Mathen M K	\$581,119	Mills B J	\$173,558
MacDougall B	\$133,559	Mathieson A L	\$257,469	Milner J F	\$496,271
MacDougall E	\$104,032	Mathison T L	\$183,846	Milner T G ⁽¹⁾	\$1,138,705
MacDougall G	\$310,723	Matsubara T K	\$279,323	Mina M M F	\$158,700
MacEachern N	\$283,902	Matthew T	\$318,674	Minish T M	\$65,792
Macek R K W	\$170,156	Maxwell B	\$69,473	Mink S	\$59,404
MacFarlane C	\$249,604	Maxwell I	\$226,682	Minnaar J	\$227,968
MacIntosh E L	\$212,581	Mayba I I	\$184,512	Mintz S L	\$67,958
MacKalski B A	\$263,939	Mayba J I	\$432,163	Minuk E	\$164,265
MacKay M J	\$72,767	Maycher B	\$287,938	Minuk G	\$84,932
MacKay Michael J	\$91,284	McCammon R J	\$150,446	Miranda G	\$61,520

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Mis A A	\$358,453	Naidoo J ⁽¹⁾	\$8,015,473	Padua R N	\$281,154
Miskiewicz L M	\$87,973	Naidoo S P ⁽¹⁾	\$3,976,815	Paetkau D	\$271,087
Moddemann D	\$127,187	Nair U K	\$329,782	Pan A	\$114,997
Mohamdee J F	\$167,369	Narrandes R	\$311,345	Panaskevich T	\$331,196
Mohammed I	\$262,493	Narvey E B	\$52,430	Pang E G	\$146,962
Moharib N	\$74,687	Nason R W	\$275,882	Paprocki I	\$264,882
Moller E E	\$56,361	Naugler S	\$253,217	Paquin R W ⁽²⁾	\$886,066
Moltzan C	\$132,769	Navaratnam S	\$52,954	Parham S M	\$275,456
Momoh J T	\$338,264	Nehra P	\$183,765	Parker K R	\$247,731
Moncek J A	\$288,950	Nel A J	\$211,030	Partridge G	\$52,745
Monson R C	\$301,625	Nelko S	\$68,583	Pascoe E A	\$451,554
Monteiro G E	\$322,344	Nell A M	\$327,953	Pasterkamp H	\$95,905
Montgomery P	\$117,332	Nemeth P	\$268,993	Patel J	\$102,000
Montoedi J	\$226,205	Nepon J	\$258,186	Patel L R	\$306,509
Moolman A	\$62,445	Neufeld H	\$106,382	Patel Praful C	\$472,168
Mooney W R	\$175,770	Newman F	\$222,121	Patel P C	\$386,746
Moore R F	\$90,847	Newman S	\$76,481	Patel R C	\$345,383
Moorhouse J A	\$137,123	Nguyen K M	\$215,693	Patel S V	\$168,823
Moraes F X N	\$114,234	Nguyen L	\$303,008	Patel S P	\$94,708
Moran De Muller K	\$383,672	Nguyen M H	\$274,140	Pawlak J	\$117,500
Morgan T R	\$345,650	Nicoll L E	\$92,396	Peabody D	\$126,496
Morier G S	\$96,817	Nigam R	\$286,639	Peachell J L	\$701,943
Moroz S P	\$79,462	Nkosi J E	\$172,060	Pearlman D	\$75,737
Morris A L	\$223,044	Noel C	\$486,643	Pelissier R	\$81,817
Morris G S	\$223,732	Nugent L M	\$190,536	Penner S B ⁽²⁾	\$746,855
Morris M	\$210,205	Nyhol H	\$269,365	Penrose M	\$250,411
Morton P G D	\$121,560	Nyomba B L	\$104,836	Perkins G	\$75,748
Moser M A	\$212,201	O'Hagan D B	\$262,438	Perlov J	\$116,411
Mostert F	\$181,886	O'Keeffe K M	\$177,045	Permack S	\$225,077
Mould S M	\$201,634	O'Sullivan M J	\$295,755	Perratt M	\$85,060
Mowat G	\$148,286	Ochonska M	\$351,797	Peschken C	\$69,431
Mowchun L	\$64,962	Oelofse W	\$277,283	Peterdy A E	\$272,403
Mowchun N	\$168,912	Oen K G	\$58,252	Peters D	\$301,877
Muirhead B	\$237,856	Olson R L	\$190,153	Peters H O	\$160,163
Mulhall D	\$58,467	Olweny C L	\$66,547	Peters H	\$54,438
Muller J G	\$81,100	Olynyk F	\$109,309	Peters R J	\$126,088
Muller T	\$174,949	Ormelan C K	\$106,685	Peterson C	\$127,768
Muller Delgado H A	\$294,969	Ornichinski L M	\$315,618	Peterson J	\$250,652
Muncner A	\$90,768	Ong B Y	\$235,203	Petkau A	\$131,034
Muncner P	\$227,341	Ong G H	\$327,625	Petrilli L A	\$95,811
Mundie S	\$64,768	Onotera R	\$233,619	Philipp R K	\$489,235
Murphy L J	\$148,459	Onyshko D J	\$240,154	Pickard K	\$143,162
Murray E	\$121,879	Ormiston J D	\$264,478	Pickering B	\$317,672
Murray K	\$515,857	Orr P	\$90,771	Pierce G W ⁽²⁾	\$913,148
Muruve G N	\$270,419	Osler F G	\$226,619	Pilat E J	\$198,327
Mutch W A C	\$158,033	Pachal C A	\$159,152	Pillay P G	\$214,065
Myers W E	\$389,269	Pacin A	\$186,170	Pinder M	\$196,104
Mymin D	\$123,883	Pacin O	\$223,807	Pinette G D	\$97,554
Mysore M ⁽¹⁾	\$240,095	Pacin S	\$134,517	Pinniger G W	\$137,327
Nagarla M	\$75,765	Padeanu D	\$154,735	Pinter A	\$228,838

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Pintin-Quezada J	\$286,288	Rempel R G	\$87,428	Rusnak B	\$241,737
Pirzada M A	\$122,947	Rennie W R J	\$144,269	Russell B F	\$202,859
Plueschow M	\$50,596	Renouf F	\$229,260	Rust G	\$63,862
Podolsky G R	\$145,638	Reslerova M	\$80,936	Rust L	\$88,468
Poettcker R J	\$217,385	Reyneke A	\$304,977	Rutherford B E	\$74,050
Polimeni C	\$107,936	Reynolds D	\$134,795	Ryall L A	\$60,173
Polimeni J O	\$132,247	Rice P	\$148,034	Ryckman B A	\$245,857
Pollock B	\$311,978	Rich A D	\$252,382	Saad N	\$75,549
Poon W W C	\$188,878	Richardson C J	\$189,818	Saadia R	\$152,443
Poplak T M	\$333,152	Riche B ⁽¹⁾	\$411,456	Sabeski L M	\$290,268
Popoff D	\$110,279	Ridley T S	\$60,693	Sachdeva R K	\$248,622
Postuma R	\$172,632	Ringaert K	\$226,416	Sadri D	\$243,311
Potoski J P	\$308,413	Riordan P	\$94,657	Saettler E	\$108,507
Prakash D	\$256,488	Ripstein I	\$116,310	Sahota S S	\$154,774
Prasad B	\$168,701	Ritchie B A	\$264,948	Salamon E	\$398,027
Prenovault J	\$333,365	Ritchie J	\$138,418	Salem F	\$386,988
Pretorius A	\$297,529	Rittenberg D	\$244,434	Sam D X	\$100,082
Pretorius L L	\$124,429	Rittenberg P V C	\$55,540	Samuels E R	\$105,694
Price J	\$258,226	Rivkin B	\$56,779	Sanders R W	\$108,021
Prinsloo J	\$153,177	Roberts J R	\$238,643	Sandhu S S	\$56,407
Pritchard P	\$67,826	Robertson G A	\$314,885	Sareen J	\$89,956
Prober M A	\$160,458	Robillard S C	\$115,905	Sarias E	\$61,245
Prodan O	\$158,465	Robinson C C	\$184,639	Saunders C G ⁽²⁾	\$1,221,971
Psooy K J	\$120,261	Robinson D B	\$165,066	Saunders K	\$140,091
Putnins C	\$184,532	Robinson D J	\$202,652	Savage B	\$219,876
Puttaert D	\$89,339	Robinson J	\$365,365	Sawchuk J P	\$101,896
Quesada R	\$257,082	Robinson W	\$161,998	Sawka A N	\$65,263
Raabe M A	\$601,919	Rocha G	\$676,138	Sawyer J A	\$243,274
Rabson J L R	\$860,033	Roche G	\$187,555	Saxena A	\$54,004
Racette T	\$96,169	Roe B E	\$122,785	Scatliff J	\$255,713
Rae P E	\$75,913	Rogozinska L	\$391,147	Schachter M A	\$124,684
Rafiq M	\$212,980	Rosario R	\$52,642	Schaeffer D	\$62,415
Rahman M	\$188,485	Rosenthal P	\$120,484	Schaub J C	\$96,386
Raizen M	\$74,314	Ross F J ⁽¹⁾	\$202,590	Scheeres J J	\$70,040
Rajani K R	\$429,057	Ross F K	\$84,613	Schellenberg D	\$115,651
Ramaya S	\$198,208	Ross J F	\$561,347	Schellenberg W C	\$297,433
Ramgoolam R	\$368,434	Ross L L	\$102,019	Schmidt B J	\$72,175
Ramsay J A	\$73,883	Rosser S J	\$58,715	Schneider C E	\$232,498
Raubenheimer J P	\$203,901	Rossouw J	\$195,596	Schoeman A M	\$77,216
Regehr J	\$178,426	Rothova A	\$197,039	Schoeman H	\$272,604
Rehal R S	\$277,469	Roussin B C	\$216,743	Schroeder A N ⁽¹⁾	\$278,138
Rehsia D	\$673,606	Roux J G	\$202,050	Schur N K	\$274,963
Reid G J	\$180,148	Roy M J	\$144,144	Schurmann E	\$255,681
Reid G	\$165,432	Roy M	\$137,032	Scott J	\$133,348
Reimer D K	\$127,819	Rubinger M	\$89,343	Scurrah J D	\$276,482
Reimer D J	\$314,923	Ruddock D L	\$269,266	Seager M J	\$445,861
Reimer H	\$257,997	Rumbolt B R	\$276,738	Segstro R J	\$249,059
Reimer M B	\$218,599	Rusen J B	\$245,177	Seifer C M	\$80,123
Reiss J P	\$54,189	Rush D N	\$76,451	Seifer R	\$84,462
Reiss M	\$51,823	Rush N O S	\$153,012	Seitz A R	\$217,875

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Sellers E	\$50,700	Skead L	\$328,639	Sutherland J G	\$142,464
Sen R	\$148,668	Skoracki R J	\$240,252	Sutherland S	\$236,633
Senderewich E C	\$85,438	Sloan G	\$183,199	Sutter J A	\$251,055
Sethi K	\$111,032	Smart J R A	\$238,925	Sutton I R	\$318,179
Sethi S	\$353,186	Smil E	\$181,417	Sworkdal N J	\$292,643
Sevilla J A	\$100,676	Smit C R	\$110,606	Swain V J	\$55,249
Sewell G	\$127,016	Smith D D	\$129,848	Swartz J	\$237,063
Shah A	\$214,862	Smith H W E	\$456,679	Sweetland R	\$91,673
Shah B	\$295,680	Smith L F	\$166,345	Swenarchuk G	\$60,519
Shah J A	\$72,612	Smith R G	\$187,106	Sylwestrowicz W	\$212,213
Shah N	\$60,226	Smith R W	\$231,941	Symchych M	\$51,081
Shaikh N	\$103,333	Sochocka E K	\$337,351	Syslak W B	\$335,024
Shane M	\$305,311	Sokal J E M	\$124,584	Szajkowski S	\$218,780
Sharif M N	\$372,918	Soko P	\$80,685	Tadros I	\$52,113
Shariff F K	\$145,823	Sokolowski D	\$260,144	Tam J W	\$90,818
Sharkey J B	\$357,586	Sommer H M	\$145,928	Tan L	\$305,721
Sharma S	\$183,101	Soni N R	\$175,372	Tang-Wai R	\$366,320
Shelton L	\$130,846	Soni S D	\$248,345	Tanner J	\$261,695
Shelton P A	\$138,531	Spanihel J J	\$62,799	Taraska V	\$548,709
Shepertycky M R	\$97,320	Speer M	\$191,223	Taraska Victoria	\$285,586
Sheps M	\$182,153	Srichandra W	\$226,175	Targownik L E	\$88,930
Sheridan J T	\$124,326	St John P D	\$104,509	Taylor H R	\$337,053
Shiffman F H	\$328,089	St Vincent A	\$216,754	Taylor M C	\$172,993
Shnider M	\$217,743	Stanko L	\$313,277	Taylor P D	\$55,824
Shojania A M	\$143,125	Starzecki B	\$217,195	Taylor S N	\$372,336
Shuckett P	\$326,700	Stearns E	\$299,433	Tenenbein M	\$212,695
Shum K C	\$153,073	Stecher R D	\$156,967	Theodore G M	\$252,426
Shunmugam R	\$428,608	Stedman N	\$54,089	Therrien D J	\$79,067
Sickert H G	\$85,882	Steigerwald R	\$123,961	Thiessen M N	\$205,570
Sigurdson E	\$85,628	Steinberg F	\$59,429	Thiessen R J	\$50,181
Sikora F J	\$213,056	Steinberg R J	\$134,066	Thille S M	\$88,847
Silagy S	\$289,883	Stelzer J	\$166,968	Thompson T R	\$174,515
Silver N A	\$140,583	Stenhouse J K	\$120,844	Thomson G T D	\$258,145
Silver S	\$295,613	Stephensen M C	\$228,602	Thomson I R	\$284,439
Silverman R E	\$245,252	Stevens L	\$308,381	Thorlakson D	\$106,328
Silviu-Dan F	\$199,678	Steyn C C	\$60,249	Thorlakson R H	\$62,767
Simard-Chiu L A	\$59,496	Steyn E	\$92,332	Thottingal A P	\$181,270
Simm J F	\$200,265	Stillwater R B	\$155,870	Ting D	\$121,144
Simmonds C B	\$115,535	Stimpson R	\$74,045	Tober A E	\$108,277
Simonson D W	\$165,999	Stitt R L	\$51,686	Tobia M H	\$100,938
Singer M	\$127,968	Stitz M	\$119,749	Toews H A	\$164,958
Singer R	\$160,952	Stockl F A	\$626,484	Toews K A	\$116,821
Singh A	\$273,279	Stone J D	\$275,399	Tole G D	\$58,472
Singh G B	\$453,922	Storoschuk G W	\$197,998	Tomchuk E	\$326,019
Singh J	\$137,070	Suciu V	\$238,968	Tomy H	\$88,184
Singh M	\$252,720	Sud A K	\$520,794	Tomy P	\$277,748
Sinha M	\$371,112	Sullivan M	\$124,846	Toole J	\$361,732
Sinha S N	\$534,218	Susser M	\$176,574	Trainor J M ⁽¹⁾	\$5,860,071
Skakum K K	\$128,659	Sutherland D E	\$179,385	Tran C P	\$275,017
Skakum R	\$75,487	Sutherland E N	\$247,126	Trepman E	\$84,522

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Tsang D	\$356,284	Waldman J C	\$113,625	Wong R P W	\$198,097
Tsang K F M ⁽¹⁾	\$189,555	Wallace S E	\$157,959	Wong S W C	\$416,432
Tse W C	\$209,773	Walli J E	\$350,502	Wong S G	\$131,956
Tsuyuki S H ⁽²⁾	\$466,873	Wang J	\$344,421	Wong T	\$137,983
Tulloch H V	\$181,005	Warda L J	\$85,818	Woo C	\$255,623
Turabian M	\$254,359	Warren C P W	\$200,890	Woo N	\$295,146
Turner D R	\$392,181	Warrian R K	\$361,837	Woo V C	\$382,881
Turner R B	\$411,768	Warrian W G	\$76,692	Woods A K	\$202,769
Ulliyot G L E	\$242,234	Warrington R	\$192,975	Woolf C I	\$70,289
Ulliyot S	\$236,755	Waters W R	\$209,640	Wozney L R	\$134,159
Unruh H W	\$353,843	Watson J D	\$113,214	Yaffe C	\$463,381
Uys G	\$208,118	Watson W T A	\$172,257	Yale R	\$106,762
Uys T	\$223,421	Watters T	\$69,265	Yamamoto K	\$289,691
Vajcner A F	\$310,510	Webb S	\$122,354	Yamsuan M	\$255,576
Van Alstyne M	\$338,768	Weidman M L	\$257,886	Yanofsky R	\$63,437
Van Arneyde K	\$129,225	Weirich M K	\$285,880	Yaren S	\$115,629
Van Dyk J	\$124,497	Weizman S	\$232,773	Yeung C	\$312,321
Van Gend R	\$223,949	Welch G J	\$146,857	Yip B	\$227,790
Van Heerden J	\$204,054	Werier J	\$254,041	Young D	\$202,217
Van Horne W A	\$233,397	White B K	\$199,152	Young M R	\$212,936
Van Jaarsveldt W	\$332,160	White I W C	\$259,109	Yuen C K	\$332,271
Van Niekerk E	\$211,555	White O J	\$351,315	Yung G S	\$51,713
Van Niekerk S	\$68,661	White S	\$63,360	Zacharias G W	\$234,923
Van Rensburg C J	\$216,544	White V P	\$53,151	Zacharias J ⁽²⁾	\$94,008
Van Rensburg D A J	\$355,579	Whittaker E	\$84,307	Zaki M F	\$279,993
Van Rensburg N J	\$169,918	Wiens A V	\$317,564	Zeiler F	\$392,367
Van Rensburg N	\$260,738	Wiens J J	\$500,354	Zelaruk M	\$90,804
Van Rensburg P D J	\$300,451	Wiens J L	\$508,970	Ziesmann M	\$644,418
Van Rooyen G	\$258,684	Wiesenthal B D	\$141,587	Zimmer K W	\$205,567
Van Rooyen M L	\$332,523	Wiesenthal Z	\$210,648	Zloty R B	\$66,383
Van Zyl L	\$167,329	Wightman H R ⁽¹⁾	\$3,495,335	Zurbyk R	\$58,564
Vandenberg W L	\$230,508	Wightman N A	\$175,178		
Varna A	\$366,265	Willemse P	\$690,262		
Vasconcelos J A	\$268,190	Willemse P Q	\$57,324		
Vattheuer F B	\$172,302	Williamson D	\$91,950		
Venter H L	\$185,844	Willows J R	\$141,741		
Verbeek R O	\$90,728	Wilson G J	\$102,342		
Verma M R	\$204,652	Wilson G P	\$267,348		
Verrelli M	\$89,562	Wilson M ⁽²⁾	\$554,010		
Vianzon C S	\$313,989	Winistok W	\$85,914		
Vickar E L	\$209,041	Winogrodzka C	\$220,369		
Vijay R	\$254,696	Winzoski T	\$64,107		
Viologo F	\$217,844	Wirth M F	\$122,617		
Vipulananthan M	\$69,657	Wiseman D G H	\$190,731		
Vipulananthan V	\$65,305	Wiseman M C	\$188,035		
Visch S H R	\$109,696	Wiseman N	\$312,622		
Visser G	\$281,999	Woelk C	\$206,100		
Visser H B	\$69,974	Wolfe K B	\$196,095		
Voyer D	\$54,412	Wollner G P	\$217,267		
Wakeman M S	\$86,494	Wong H	\$232,448		

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2004 *(Continued)*

Laboratory Directors and Facilities

Chang S W	Winnipeg Clinic
Galbraith P	Manitoba Clinic
Lucman L	Provencher Medical Diagnostic Laboratory
	Winnipeg Clinic
Mysore S M	Abbott Clinic
Naidoo J	Central Medical Laboratory
Naidoo S	Southwood Laboratory Unicity Lab Services-McPhillips Street
Ross F J	Park West Medical Centre
Sachdeva P	Hollenburg Associate Medical Group Abbot Clinic 75045 Manitoba Ltd. (Osborne Med)
Schroeder A N	15-2727 Portage Ave
Taylor M J S and Milner T G	Western Medical Clinic
	The Brandon Clinic
Trainer J M	Medical Arts Building Windsor Park Medical Centre Lakewood Medical Centre
Tsang K F M	Norlyn Lab Service
Wightmann H R	Assiniboine Clinic Lab

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2004 (Continued)

Radiology Directors and Facilities

Brooker G	Abbott Clinic
Boult Ian F	Winnipeg Radiology Services - Medical Arts Building
	Winnipeg Radiology Services - Charleswood Clinic
	Winnipeg Radiology Services - Markham Professional Centre
Cleghorn G M	Lakewood Medical Centre
	McGreggor Medical Centre
	Westbrook Medical Centre
Couselan G W	The Brandon Clinic
	Clement Block Xray
Dyck D R	Boundary Trails Health Centre
Eaglesham H	Manitoba Xray Clinic - Elmwood Branch
	Manitoba Xray Clinic - Westwood Portables
Kaprowy R	Drs Kaprowy, Krongold, Ng & Shatsky
Kindle G F	Brandon Hospital Screening Program
Kroeker M A	Manitoba X-Ray Clinic - Dr Hildahl
	Manitoba X-Ray Clinic - Tache Branch
Krongold I	Tache X-Ray Service - Tache Ave
	Norlyn X-Ray Department
	Assiniboine Clinic
	Parkview X-Ray Clinic - Main Street
	Seven Oaks Medical Centre
	St. Vital Radiology
Lautatzis M	Boyd X-Ray Clinic
	Legacy X-Ray
	Seven Oaks X-Ray Clinici
Lindquist L	Boyd X-Ray Clinic
	Winnipeg Clinic
Major P	Manitoba Clinic
Paquin R W	Transcona Clinic Xray
	Metro Xray Clinic - Rothesay
Pierce G W	Manitoba Xray Clinic - Westwood Branch
Saunders C G	Diagnostic Services Division
	Manitoba X-Ray Clinic
Shatsky M	Lakewood Medical Centre
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Clinic - Misericordia Care Centre

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2004 *(Continued)*

Dialysis Directors and Facilities

Bernstein K	Health Sciences Centre
Fine A	St. Boniface General Hospital
Penner S B	Brandon General Hospital

Bernstein K and Fine A

Local Centres

Dauphin General Hospital
Flin Flon General Hospital
Morden Hospital
Pine Falls Hospital
Portage la Prairie Hospital
The Pas Health Complex
Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
	Winnipeg Clinic – Nuclear Medicine

APPENDIX I

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE AMBULANCE SERVICES ACT (A65)

- Regulates ambulance services and ambulance personnel.

THE ANATOMY ACT (A80)

- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)

- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE DENTAL ASSOCIATION ACT (D30)

- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)

- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)

- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTURISTS ACT (D35)

- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE REGISTERED DIETITIANS ACT (D75)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

(Except with respect to elderly persons' housing units as defined in the Act)

- Governs the establishment of housing accommodation for the elderly or infirm.

THE DEPARTMENT OF HEALTH ACT (H20)

- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES ACT (H30)

- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)

- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)

- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)

- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE ACT (H180)

- Regulates organ and tissue donations in Manitoba.

THE LICENSED PRACTICAL NURSES ACT (L125)

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE OCCUPATIONAL THERAPISTS ACT (05)

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- Defines the practice of podiatry and provides for the regulation of the profession, including:
 - the continuation of the Association of Chiropodists as the College of Podiatrists of Manitoba;
 - the establishment of a governing council of at least six persons, of whom at least one-third must be public representatives; and
 - the registration of podiatrists;
 - a complaints and discipline process;
 - the making of regulations and by-laws.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PUBLIC HEALTH ACT (P210)**

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under *The Public Health Act*, which is assigned to the Minister of Finance.)

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

**STATUTES RELATED TO
HEALTHY LIVING**

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE NON-SMOKERS HEALTH PROTECTION ACT (S125)

- Prohibits the sale of tobacco products to children.
- Prohibits smoking in enclosed public places under provincial jurisdiction subject to certain exceptions.

and:

Manitoba Prenatal Benefit Regulation (M.R. 89/2001) made under *The Social Services Administration Act*.

APPENDIX II

REGULATORY AMENDMENTS IN 2003 - 2004

A number of regulations were amended in 2003 - 2004:

REGULATIONS

The Health Services Insurance Act

Amendments were made to:

- the *Payment for Insured Medical Services Regulation* to reflect current rates of payment to fee-for-service physicians.
- the *Personal Care Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community.

The amendments would also apply to long term patients in psychiatric facilities as the regulation under *The Mental Health Act* relating to long term patients in psychiatric facilities provides that charges for these patients are to be calculated in accordance with the *Personal Care Services Insurance and Administration Regulation*.

- the *Hospital Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for individuals panelled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community.
- the *Personal Care Homes Designation Regulation* to update the list of facility names and designate a newly built Personal Care Home.

The Pharmaceutical Act

- Amended the *Manitoba Drug Interchangeability Formulary Regulation* as required to update the Formulary.

The Prescription Drugs Cost Assistance Act

- Amended the *Specified Drugs Regulation* to update the Schedule.
- Amended the *Prescription Drugs Payment of Benefits Regulation* to increase the Pharmacare deductible.

The Mental Health Act

- Amended the *Charges Payable by Long Term Care Patients Regulation* to increase the financial threshold for the waiver of payment of all or part of the authorized charge payable by a long term resident in a psychiatric facility, who has a spouse living in the community.

The Optometry Act

- Amended the *Optometry Regulation* to improve labour mobility for optometrists by:
 - providing for fast tracking of registration;
 - consideration of foreign-trained optometrists; and
 - providing increased consistency with other requirements (e.g., language);
 - increasing public protection measures and making minor corrections to wording.

APPENDIX III

Sustainable Development

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is ***meeting the needs of the present without compromising the ability of future generations to meet their own needs.***

Principles and guidelines of sustainable development have been established to guide all Departments in the Province of Manitoba in their efforts to *meet the needs of the present without compromising the ability of future generations to meet their needs*. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

Section 12(1)(c) of The Act requires each Department in the Province of Manitoba to report on the progress it has made in incorporating the principles of sustainable development into all of its activities. Further, Section 12(2) of The Act requires each Department to establish procurement guidelines, which were adapted in December 2000, and to publicly report on implementation. In fulfillment of these two sections, and to round out Manitoba Health's unique performance story with information on sustainable development, the Annual Report includes the progress and accomplishments of the Department in incorporating the principles and guidelines of sustainable development, by linking the stated principles to its accomplished activities.

In addition to Manitoba Health's fulfillment of the Sustainable Development Procurement Goals and the Provincial Sustainability Indicators, both noted in separate sections, the following table highlights the detail on progress and accomplishment of those principles and guidelines.

Principles (1-7) and Guidelines (8-18) of Sustainable Development

Actions Related to Sustainable Development

What needs to be done	What was done
1. Integration of Environmental and Economic Decisions: Economic decisions and activities should reflect environmental, human health and social effects; and, environmental and health decisions, activities and initiatives should take into account economic, human health and social consequences.	• Primary Health Care Transition Fund (PHCTF) – This fund was established by Health Canada to support transitional costs implementing large scale PHC initiatives. In Manitoba, these initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of PHC services. • Medical Remuneration Settlement with MMA. • Evaluation of Influenza Campaign to determine effectiveness. • Participation on Technical Advisory Committee on Floodway Expansion Project. • Review of cost limit policy to allow clients to live longer in community in support of our Assisted Living Strategy.
2. Stewardship: Plans, policies and decisions should ensure that the economy, the environment, human health and social well-being are managed for the equal benefit of present and future generations; and, that decisions are balanced with tomorrow's effects.	• Development of a provincial policy on mental health consumer participation in service planning, implementation and evaluation. • Capital plan for the health system supports population health objectives. • Contribution to <i>The Drinking Water Safety Act</i> and coordination as the new <i>Water Protection Act</i> comes into effect. • This past year, 85 food recalls and 35 allergy alerts were sent to public health officials and participation in a national harmonized food inspection system is ongoing.
3. Shared Responsibility and Understanding: Responsibility for sustaining the economy, the environment, human health and social well-being and accountability for decisions and actions in a spirit of partnership and cooperation with Manitobans. Decisions should reflect Manitoba's shared common economic, physical and social environment; understand and respect differing economic and social views, values, traditions and aspirations in decision-making and activities; and, consider and reflect in decisions and activities, the aspirations, needs and views of the people of the various geographical and ethnic groups in Manitoba, including aboriginal peoples, to facilitate equitable management of Manitoba's common resources.	• Development of an Aboriginal strategy on HIV/AIDS. • Multi-million dollar Clinical Services Reconstruction Program in Brandon RHA opened in March 2004. • Community Health Assessment (CHA) findings aided Regional Health Authority planning, and evidence-based decision-making – there is a core of approximately 170 indicators for the CHA. • \$400,000 to enhance regional capacity of supported housing services to mental health consumers. • An equitable rate structure for residential charge program was established through rate assessment management, review and appeal processes for all long term care clients -- 200 of 1300 requests for review of residential charges were brought before the Manitoba Health Appeal Board. • Gender incorporated into health planning. • Review of Full Citizenship Report. • Lead and coordinated planning for the redevelopment of the Selkirk Mental Health Centre including services and support for Manitobans with acquired brain injuries. • Development of a provincial policy on meaningful family member and natural support participation in mental health service planning, implementation and evaluation, in consultation with the Provincial Mental Health Advisory Council. • Clinical Education for spiritual care providers in rural Regional Health Authorities. • Enhancement of funding and support to the Provincial Special Needs Unit, Mental Health Education Resource Centre of Manitoba and the Farm and Rural Stress Line.

Principles (1-7) and Guidelines (8-18) of Sustainable Development	Actions Related to Sustainable Development
What needs to be done	What was done
	• A number of initiatives occurred within the regions, from the opening of the Niverville Primary Health Care Centre to the North East Winnipeg Primary Care Project, to improve service capacity and access to services by all Manitobans. • Development of the Northern and Aboriginal Population Health and Wellness Institute to address the high burden of illness and risk factors in aboriginal people living in northern Manitoba. • Provincial Tuberculosis Control Program review and selection of a Medical Director in March 2004. • Standards for the provision of Midwifery care were introduced in 2002 and implemented in January 2003 to continue the development of the Midwifery Program. RHAs have been working to increase the number of women receiving primary care from midwives and to ensure that women from priority populations receive midwifery care. • Development of <i>In the Know</i>, a communication tool for health professionals and providers in Manitoba. • Contract with Teen Talk to design and implement a focused social marketing pilot project to reduce the incident of STI in Manitoba, with a focus on inner-city Winnipeg and northern youth. • Two new community water fluoridation systems installed and community water fluoridation program funded by Manitoba Health – 86 communities fluoridating their water (approximately 95% of the population on a public water supply system) as a proven mechanism to protect against tooth decay.
4. Prevention: Activities, decisions and legislation should anticipate and prevent or mitigate any significant adverse economic, environmental, human health and social effects; and, pay careful attention to any decisions and actions whose impacts are not entirely certain, but which, on reasonable and well-informed grounds, appear to pose serious threats to the economy, the environment, human health and social well-being.	• Influenza virus vaccine usage increased from 225,000 doses administered to 285,000 doses given this past year, with new conjugate pneumococcal and meningococcal and varicella vaccines introduced for high risk individuals, and an acellular booster for pertussis vaccine (Tdap) was introduced for adolescents. • Prostate Cancer Awareness Campaign in April 2003. • Bill 21, <i>The Non-Smokers Health Protection Amendment Act</i> was introduced, to prohibit smoking in all enclosed public and indoor work places where the province has clear jurisdictions effective October 1, 2004. • Reduced sale of tobacco to youth this past year. • Implementation of Provincial Protection database to track trends of alleged abuse and provide education to staff of health care facilities and the public on how to identify and prevent abuse – over 50 education sessions with over 1,000 people in attendance; 103 posters, 13,250 brochures for public and 27,000 brochures for staff distributed. • Implementation of monitoring mechanisms, including Performance Agreements, and development of accountability measures for the health system, including risk management strategies.

Principles (1-7) and Guidelines (8-18) of Sustainable Development	What needs to be done	What was done	Actions Related to Sustainable Development
		• Pre-school nutrition program field-tested. • Provision of an autoclave proficiency-testing program for tattoo parlours and piercing salons at Cadham Provincial Laboratory. • Ten-year Injury Surveillance Report. • A multi-divisional Patient Safety Committee has been established to develop policy and standards for the health system. • Continuous Implementation of the Provincial Tobacco Control Strategy. • Development of a provincial policy on abuse in psychiatric facilities. • Critical Clinical Occurrence and Critical Occurrence policy to log, monitor and evaluate occurrences in the health system. • Review of Cardiac Surgery Program, released August 2003. • Emergency Treatment Guidelines Review conducted. • Interim Renal Health and Treatment Unit -- federal nursing station in Garden Hill constructed. • Continuous development, implementation, monitoring and evaluation of Regional Diabetes Program in partnership with the RHAs. • Improvement in immunization levels with up-to-date and comprehensive vaccine programs and Immunization Registry -- successful completion of National Immunization Strategy in Manitoba, signed in June 2003 by Conference of Deputy Ministers. • Reduction of dental caries in children.	
5. Conservation and Enhancement: Activities and Decisions should maintain the ecological processes, biological diversity and life-support systems of the environment; renewable natural resources that are harvested on a sustainable yield basis; ensure that persons allocated provincial resources make wise and efficient use of them; and, enhance the long-term productive capability, quality and capacity of natural ecosystems in programs and activities.		• Completed 13 of 14 "Living with Livestock" fact sheets (found on the Manitoba Agriculture and Food and Rural Initiatives Website) to help address public concerns about livestock production.	
6. Rehabilitation and Reclamation: Endeavour to repair or have repaired damage to, or degradation of, the environment; and, build into the Department's future allocations and plans for the use of resources, the requirement to rehabilitate and reclaim any damaged areas and resources.		• Integration of universal access guidelines into new construction and major renovation projects. • Continuous collaboration with RHAs to prioritize and address maintenance requirements.	

Principles (1-7) and Guidelines (8-18) of Sustainable Development	Actions Related to Sustainable Development
What needs to be done	What was done
7. Global Responsibility: Think globally when acting locally and recognize that there is economic, ecological and social interdependence among provinces and nations; work cooperatively within Canada and internationally to integrate economic, environment, human health and social factors while developing comprehensive and equitable solutions to problems.	- Manitoba Health and CancerCare Manitoba participated in the Jalisco, Mexico Trade Mission to Manitoba in August 2003, for the exchange of information regarding cancer control activities. - Federal/Provincial Policy Support established and maintained linkages with Health Canada and other provincial and territorial departments. - Development and execution of a bilateral agreement with the Canadian Institute for Health Information. - Western Canada Chronic Disease Management. - Collaboration with Canada Health Infoway on the identification of, and agreement on, four priority program areas for Manitoba to be considered as strategic investment by Infoway. - Support to Healthlinks on the expansion of provincial health call centre – from a 5 seat to a 35 seat state-of-the-art call centre that provides timely, multilingual primary health care information, telephone triage and a referral service to all Manitobans. - A collaborative agreement has been established with the Institute of Research into Cancers of the Digestive System in Alsace, France. - In collaboration with the western provinces, funding was secured from Health Canada for a Western Canada Chronic Disease Management Infrastructure. - The Western Canadian Children's Heart Network was established among four provinces for the provision of a coordinated and integrated approach to pediatric cardiac services.
8. Efficient Use of Resources: Encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources; and, employ full-cost accounting to provide better information for decision-makers.	- Development of internal succession management strategies, including the Pan-Organizational Retention/Recruitment Training and Learning (PORTAL) initiative and a leadership development training program. - Emergency Medical Services enhancement of paramedic training for expanded role in the delivery of expanded primary health care services. - Funding secured through Neighbourhoods Alive! for the delivery of the second year of the Mental Health Support Worker Certificate Program, which provides training to consumers of mental health services in preparation for employment in mental health. - Nurses Recruitment and Retention Fund continued to recruit and retain nurses. - Medical Student/Resident Financial Assistant Program awarded 47 grants to students and residents totaling \$2.6 Million. - Improvement in the retention of rural physicians, nurses and other health care providers. - Streamlined Drug Review Process to reduce costs and/or provide timely access to new medications.

What needs to be done	What was done
9. Public Participation: Use and establish forums which encourage and provide opportunity for consultation and meaningful participation by Manitobans in decision-making processes; provide due process, prior notification, appropriate and timely redress for those adversely affected by decisions and actions; and, strive to achieve consensus among citizens and the Department with regard to decisions affecting them.	• Funding and support of self-help organizations, including the Anxiety Disorders Association, the Canadian Mental Health Association, the Mood Disorders Association, the Obsessive Compulsive Information and Support Centre, and the Manitoba Schizophrenia Society. • Funding and support to the Partnership for Consumer Empowerment Program to promote consumer capacity-building and community participation. • Funding provided to the University of Manitoba for a study on how users of mental health services would like to be involved in planning and evaluation mental health services. • Manitobans have the right to be heard, or to appeal a decision: Mental Health Review Board; Manitoba Health Appeal Board; and the Appeal Panel for Home Care. • Selkirk Mental Health Centre (Patient and Family Satisfaction Surveys; Complaints Process) completed or enhanced to improve services.
10. Access to Information: Improve and refine economic, environmental, human health and social information related to natural resources and the environment; and, provide and promote the opportunity for equal and timely access to its information by all Manitobans.	• Information resource/help area for Pharmacare clients was created on the Pharmacare web site, with an interactive Pharmacare Deductible estimator. • Waitlist times for diagnostic imaging information posted on web site. • Canadian Virtual Hospice launched in February 2004. • Information provided to aboriginal populations within their communities, on health services. • Participation in a Federal/Provincial/Territorial Working Group on the privacy of personal health information in support of <i>The Personal Information Protection and Electronic Documents Act</i>, which was enacted in January 2004 and covers the collection, use or disclosure of personal information in the course of any commercial activity within a province. • Information and presentations on <i>The Personal Health Information Act</i> continued to health information trustees, and work continued on a legislation review of the Act. • 98 FIPPA (<i>The Freedom of Information and Privacy Protection Act</i>) requests were processed in response to public queries for information. • A Privacy Impact Assessment (PIA) policy was approved to ensure that electronic information records systems developed or purchased by Manitoba Health are compliant with all provincial access and privacy laws, PHIA and FIPPA. • The Physician Profiles Committee, established in 2002, submitted its recommendations regarding information to be included in a physician profiles system to the Minister of Health, November 2003. • An Audit of Manitoba's Health Security process was undertaken. • Improvement in the capability in RHAs of providing essential health services in French and scope of Manitoba Health services in French to all Manitobans. • Accessible Client Services Counter, with an increase in visits from 106,838 to 114,096 over the past year, and a total of 117,388 telephone inquiries this past year. • Manitoba Health forms are available on web site for easy access by clients with access to the Internet.

Principles (1-7) and Guidelines (8-18) of Sustainable Development	Actions Related to Sustainable Development
What needs to be done	What was done
11. Integrated Decision-making and Planning: Encourage, facilitate, establish and ensure decision-making and planning processes are efficient, timely, accountable and cross-sectoral; and incorporate into decision-making and planning an inter-generational perspective of future needs and consequences.	• Manitobans are provided with timely responses to their written queries to the Ministers of Health and Healthy Living, and they can access timely, effective information on the Manitoba Health web site. • Management and Implementation of the ICD10 Project, which adds all provincial and federal hospitals in Manitoba to the abstracting and reporting process, with a complete and comprehensive reporting to the Canadian Institute for Health Information on Manitoba. • A structured approach entitled Information Technology Information Management was finalized to identify key practices for creating and maintaining successful Information Technology investment management processes. • The Drug Program Information Network handled approximately 17 million transactions to assist in the administration of Pharmacare. • Injury-free Manitoba Conference held in 2004. • Healthy Living Minister appointed November 2003. • Lead Co-occurring Mental Health and Substance Abuse Disorders Initiative in collaboration with the Addictions Foundation of Manitoba (AFM) and the Regional Health Authorities; and, provided funding to AFM for the development of a course in co-occurring mental health and substance use disorders. • Participation on the F/P/T Mental Health Advisory Network on Mental Health, the Mental Health Manager's Network and various inter-department committees, including Justice, Family Services & Housing. • Integration of provincial planning in the area of eating disorders. • SARS Operations Committee established, June 2003. • Bovine Spongiform Encephalitis Committee established, January 2004. • Winnipeg Integrated Services Initiative (access model) undertaken in collaboration with the WRHA to develop local community access models for the twelve Winnipeg communities in support of local access centers – the first of which, Access River East, opened in 2004, with construction beginning on Access Transcona. Plans for Access Inkster are in development. • The new national Disaster Management Framework is based upon Manitoba Health's disaster management program. • Romanow Joint Working Group established to discuss and address First Nation health issues, in collaboration with other provincial departments, First Nations and the federal government. • Effective provincial bioterrorism response to hazardous biological agents established in partnership with the National Microbiology Laboratory; inventory of Provincial Biohazards completed.

Principles (1-7) and Guidelines (8-18) of Sustainable Development	Actions Related to Sustainable Development
What needs to be done	What was done
12. Waste Minimization and Substitution: Encourage and promote, within and outside the Department, development and use of substitutes for scarce resources, where such substitutes are environmentally sound and economically viable; and, reduce, reuse, recycle and recover the products the Department uses in its daily operations, and encourage, promote and facilitate the 4Rs in society, generally.	• Review of biomedical waste-handling policies and procedures.
13. Research and Innovation: Encourage and assist in the research, development, application and sharing of knowledge and technologies which further economic, environmental, human health and social well-being.	• A Neuroangiography Suite, which includes a highly specialized piece of diagnostic equipment for less invasive surgical procedures, was opened in November 2003. • The Gamma Knife, which provides treatment for patients previously deemed untreatable and as an alternative to conventional radiotherapy, etc., was opened and the first procedure occurred in November 2003. • Provision of health statistics to numerous of organizations by Health Information Management. • Funding to the Manitoba Centre for Health Policy for population health studies.
14. Education, Training and Awareness: Increase awareness about the benefits of Sustainable Development Procurement among Departments, employees and vendors; and, expand the knowledge and skills of procurement practitioners and end-users.	• Activities in this regard may be found in detail under the Sustainable Development narrative.
15. Pollution Prevention and Human Health Protection: Reduce the purchase and use of toxic substances; and, reduce solid waste sent to landfill from Government of Manitoba-owned or leased facilities occupied by the Department.	• FAQ sheet on Phosphorus as a pollutant. • Monitored Air Quality (year-long study) in Transcona. • Monitored, in cooperation with Manitoba Conservation, air quality in Flin Flon with particular emphasis on particulate matter, sulphur dioxide and arsenic. • Pesticide Screening Program Re-engineered for cutting-edge capability at Cadham Provincial Laboratory.
16. Reduction of Fossil Fuel Emissions: Reduce both consumption and emissions of vehicle fuels; and, as a substitute for regular fuels, increase use of ethanol-blended fuels and alternative energy sources.	• Activities in this regard may be found in detail under the Sustainable Development narrative.

Principles (1-7) and Guidelines (8-18) of Sustainable Development	Actions Related to Sustainable Development
What needs to be done	What was done
17. Resource Conservation: Reduce the total annual consumption of utilities, including natural gas, electricity, propane, fuel oil and water in all Government of Manitoba-owned or leased buildings and premises occupied by the Department; and, within the context of reduced resource use, increase the proportion of environmentally preferable products and environmentally preferable services used by the Department.	• Adopted the Power Smart Standard for new construction and major renovation projects. Power Smart designation awarded to: Gimli Community Health Centre, East Borderland Primary Health Care Centre, and Swan River Valley Health Centre.
18. Community Economic Development: Increase the participation of aboriginal peoples and suppliers in providing for goods and services needs; assist in the development and growth of local environmental industries and markets for environmentally preferable products and services; and, increase the participation of small businesses, community-based businesses and cooperatives in the Department's procurement opportunities.	• Dialogue with Manitoba Association of Architects and Consulting Engineers to improve professional service agreements. • Facilitated Aboriginal PCH accreditation

Sustainable Development Procurement Goals

Goal 1: Education, Training and Awareness

To meet the intent of this Goal, a department would need a culture that supports the existence of sustainable procurement practices by:

- increasing awareness about the benefits of Sustainable Development Procurement among departments, employees and vendors; and,
 - expanding the knowledge and skills of procurement practitioners and end users.
- ☐ A Sustainable Development presentation was held for all Manitoba Health staff on November 5, 2003 at the Prairie Theatre Exchange, and it included displays from Materials Distribution, Fleet Vehicles, Manitoba Hydro, Conservation, and the City of Winnipeg Recycling Program to increase awareness of Sustainable Development initiatives.
 - ☐ The internal web site for sustainable development communication within the Department is in development.
 - ☐ Government-wide directives on sustainable development initiatives (e.g., recycled papers and toner cartridges) distributed to staff.
 - ☐ Staff involved with the procurement of stationary products have been encouraged to select "Green" products whenever possible.

Goal 2: Pollution Prevention and Human Health Protection

To meet the intent of this Goal, a department would need to protect the health of Manitobans and the environment from any possible adverse effects of its operations and activities, and to provide a safe and healthy working environment by:

- reducing its purchase and use of toxic substances; and,
 - reducing solid waste sent to landfill from Government of Manitoba-owned or leased facilities occupied by the department.
- ☐ At 300 Carlton, 1680 Ellice, and 750 William, an extensive blue bin recycling program was installed in boardrooms, meeting rooms and all lunchrooms.
 - ☐ Effective April 1, 2002, smoking by staff in buildings and government vehicles is prohibited with the intention of moving to a smoke free working environment.
 - ☐ Cadham Provincial Laboratory (CPL) is the *early warning system* for the Minister of Health to warn of impending outbreaks. This allows the Province to be proactive, rather than reactive, to public health concerns.
 - ☐ Rolled-out Transport of Dangerous Goods compliant shipping containers to rural diagnostic units.
 - ☐ Converted to a modern blood culture system to minimize contamination, permit enhanced tracking capability, and to meet accreditation requirements.
 - ☐ Expanded urine-based STD testing to control and decrease the transmission of sexually transmitted infection in Manitoba.
 - ☐ Established safe response mechanisms for dealing with SARS specimens and acted as an early sentinel for possible SARS cases.
 - ☐ Completed a national study on the prevalence of human metapneumovirus respiratory infections.
 - ☐ Amended *The Non-Smokers Health Protection Act* to:
 - strengthen the prohibition against providing tobacco to children, and increasing the penalties for this and other offences.
 - place limits on the advertising, promotion and display of tobacco.
 - ☐ Amended *The Public Health Act* to:
 - permit the seizure and forfeiture of inhalants that are used as intoxicants, such as gasoline, nail polish and glues.

Goal 3: Reduction of Fossil Fuel Emissions

To meet the intent of this Goal, a department would need to reduce fossil fuel emissions of their operations and activities by:

- reducing both consumption and emissions of vehicle fuels; and,
 - as a substitute for regular fuels, increasing its use of ethanol-blended fuels and alternative energy sources.
- ☐ This goal was not applicable to departmental activities in the 2003/04 fiscal year.

Goal 4: Resource Conservation

To meet the intent of this Goal, a department would need to reduce its use and consumption of resources in a sustainable and environmentally preferable manner by:

- reducing the total annual consumption of utilities including natural gas, electricity, propane, fuel oil and water in all Government of Manitoba-owned or leased buildings and premises occupied by the department; and,
 - within the context of reduced resource use, increasing the proportion of environmentally preferable products and environmentally preferable services used by the department.
- ☐ The Department works with Manitoba Hydro to ensure that facility construction projects meet Hydro's standards for energy efficiency and are Power Smart (e.g., Gimli Health Centre renovation).
 - ☐ Corporate policies, manuals, forms, applications, etc., are available on the Intranet.
 - ☐ Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.

Goal 5: Community Economic Development

To meet the intent of this Goal, a department would need to ensure that its procurement practices foster and sustain community economic development by:

- increasing the participation of Aboriginal peoples and suppliers in providing for the department's goods and services needs;
 - assisting in the development and growth of local environmental industries and markets for environmentally preferable products and services; and,
 - increasing the participation of small businesses, community-based businesses and Co-ops in the department's procurement opportunities.
- ☐ Implemented the Aboriginal Human Resource Strategy in Burntwood RHA and initiated this strategy in Nor-Man region.
 - ☐ Brandon RHA established a preliminary Aboriginal Elder Program.
 - ☐ Invited vendors listed in the Aboriginal Business Registry to submit a response to services being tendered.

Provincial Sustainability Indicators

The process of developing a set of provincial sustainability indicators began with the Act's proclamation and required the Province of Manitoba to establish a set of sustainability indicators by July 2001. A provincial sustainability report, based on these indicators, must be developed by July 2005.

The purpose of the Provincial Sustainability Indicators Initiative is to establish a set of indicators for sustainability reporting that will provide information on the key vital signs of Manitoba's environment, economy, human health and social well-being and to discuss their linkages and interdependencies. This is intended to provide the basis for making better-informed, holistically-based decisions, and to ensure that future generations have the same or better opportunities as we do. It will aid in benchmarking as well as monitoring trends and determining progress toward established targets. Under the Sustainability Indicators Initiative, the indicators for Health address:

- Healthy lifestyle choices
- Use of health services relative to need
- Potential years of life lost
- Infant mortality rate
- Ability to function

In July 2001, the categories of indicators recommended by the Manitoba Round Table for Sustainable Development were accepted by Government on an interim basis. Manitoba Health is providing data and interpretative analysis for the selected health indicators and is participating in the working group that will develop the report.